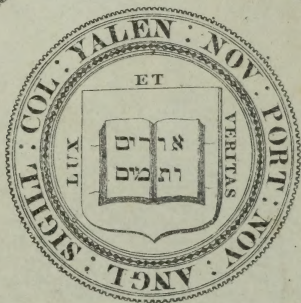




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## INDEX TO THE FORTY-NINTH VOLUME.

- ABORTION, use of the tampon in, 98  
 African, a white, 48  
 Albany (N. Y.) Hospital, 271  
 Alcoholic liquors, use and abuse of, 341, 410, 508  
 Alden, Dr. Ebenezer. Early history of the medical profession in Norfolk Co. Mass., 149, 173, 199, 215, 237; his address, 271  
 Alveolo-dental membrane, spontaneous inflammation of the, 277  
 American Eclectic practice of medicine, 448  
 American Journal of Science and Art, 121  
 American Medical Association, circulars from committees, 467; transactions of the, 228, 348, 431; meeting of the, 432  
 American Medical Society in Paris, 66  
 Amusements, public, 247  
 Anatomical preparations, 350; sale of, 410  
 Anatomical subjects for med. schools, 529  
 Anatomy, living, the study of, 500; morbid, in the Boston Med. School, 290  
 Aneurism, popliteal, case of, 141  
 Animation, suspended, case of, 283  
 Anus, imperforate, case of, 115  
 Aphonia, relieved by iodine inhalations, 253  
 Army Medical Board, 191  
 Arsenous acid, immunity from poisonous effects of, 42; poisoning by, 513  
 Artery in the gum, development of an, 272  
 Ascites, false diagnosis, 485  
 Asthma, hay, 193  
 Astronomical influences, 170  
 Asylums for persons of unsound mind, 25  
 Attraction, sensitive, 220, 413  
 Bellingham on diseases of the heart, 190, 209  
 Bennett (Dr. J. H.) on pulmonary tuberculosis, 429  
 Bernard's (M. Claude) lessons on absorption of oxygen by the blood, 353  
 Blindness, case of sudden, 332  
 Blood, motive power of the, 273, 385, 524; reply to Dr. Hunt's article on, 333  
 Bodily injury, damages awarded for, 510  
 Boston, Lunatic Asylum, 528; mortality of in 1853, 509; report of deaths in, weekly; Society for Medical Improvement, 311  
 Bowers, Dr. B. F. on treatment in the New York Orphan Asylum, 101  
 Boylston medical prize questions, 128  
 Breast pump, new, 369  
 Bristol (Mass.) District Medical Society, 27  
 Brown-Séquard's (Dr. E.) experimental researches, 249  
 Buffalo (N. Y.) Hospital of the Sisters of Charity, 250  
 Bullitt's (Prof.) Introductory Lecture, 450  
 Butter, medicated, 412  
 Cabinet, sale of a valuable one, 26  
 Caldwell, Dr. C., biography of, 23, 292  
 Canadas, census of the, 490  
 Carbonic acid, case of poisoning with, 109  
 Cartwright, Dr. Samuel A. Hygienics of temperance, 9  
 Castle, Dr. A. C., on the disuse of pork among the Shakers, 22; removal of a ring from a lady's finger, 78  
 Castleton (Vt.) Medical College, 490  
 Cataract, case of extraction of, 337  
 Catalepsy, case of, 232; death from, 290  
 Cephalic evolution, spontaneous, 284  
 Chabert, Dr. J. X. Case of tænia, 504  
 Chandler, Dr. J. L., on the new doctrine of the motive power, 385; medical specialties, 422; more work for medical philanthropy, 437  
 Channing's (Prof.) Introductory Lecture, 330  
 Chemical researches, 450  
 Chemistry, dental, 449; elements of, 529; organic and physiological, 86, 132  
 Children, maternal management of, 124  
 Chloroform, accidents from, 511; antidote for, 127; deaths from the inhalation of, 359; do. in Edinburgh, 391; doings of, 507; effects of, 47; experiments with, 252; inhalations, 252  
 Choking, remedy in cases of, 338

- Cholera in the East, 190; in England, 232, 249, 332, 350, 372, 530; in Europe, 449, 512; in Paris, 485
- Cholera and bad water, 312
- Cholera infantum, subnitrate of bismuth in, 412
- Cincinnati (O.), medical doings at, 126, 269; medical meetings at, 309
- Climate, effects of, in disease, 441
- Coale's (Dr.) Treatise on Displacements of the Uterus, 127
- Cobalt, is it a poison, 285, 300; supposed case of poisoning by, 258, 318
- Cod-liver oil, experiments on the use of, in fattening animals, 464; spurious, 170
- Colby, Dr. M. F. on epidemic colonitis, 18
- Collodion, elastic, 127
- Colonitis, epidemic, 18
- Comstock, Dr. Joseph. Pathology of poisoning, &c., 41; study of living anatomy, 500
- Condie (Dr.) on diseases of children, 229
- Consumption, hygienic treatment of, 373, 429; effects of climate on, 441
- Convicts, punishment of, 308
- Cornell, Dr. W. M. on excessive study in public schools, 74; improvement in medical practice, 36; medical education of women, 419
- Coroners, medical, 249
- Correspondence, foreign, 80, 259, 353, 482; unauthorized, 508
- Coxe, Dr. Edward Jenner. Remarks on croup or hives, 156; hydrophobia, 453
- Crania Britannica, 106
- Creosote in dyspepsia, 186; in various diseases, 412
- Croup, membranous, case of, 504; remarks on, and cases, 156
- Crucifixion, medical queries, 66
- Cummings, Dr. A. I., on use of the tampon in abortion, 98
- Deaf and dumb, institutions for the, 409
- Deafness, treatment of, 83
- Deane, Dr. James. Case of popliteal aneurism, 141; extirpation of parotid tumor, 486
- Delirium, relieved by chloroform, 182
- Dentistry, 309, 449
- Digitalis, cumulative effects of, 205
- Disease, new theory of, 249
- Donation, medical, valuable, 372
- Drake, Dr. D., biography of, 45
- Draper's (Dr.) Address, 270
- Dress as a fine art, 487
- Drowning, remarks on, 417
- Dyer, Dr. P., on the effects of sleep in disease, 179; on homeopathy, 323
- Dysentery, saline treatment of, 372
- Dyspepsia, creosote in, 186
- Ear and bones of the head, extensive disease of, 424
- Editorial bickerings, 86
- Education, female, 187
- Epidemic, at New Orleans, 279; history of do., 388; Southern, 255; summer, 488; puerperal, 484
- Ellis's Medical Formulary, 348
- Empiricism, 96, 396; methods of treating it, 438, 505
- Eye, adjustment of the, to distances, 324; additional muscle of the, 16; human, worm taken from the, 472; operations on the, 144; M. M. Sechel & Desmarres's clinics, 353
- Eyes, injury to both, from a popular ointment, 477
- Eve's (Dr. P. F.) introductory lecture, 428
- Fæcal obstruction, observations on a case of, 233
- Fees, medical, 352
- Fever, continued, abortive treatment of, 26
- Fever, scarlet, inunction in, 170
- Fever, southern typhoid, 38
- Fever, yellow, contagiousness of, 142, 210; in Mobile and Natchez, 147, 211; oily frictions in, 108; in New Orleans, 46, 126, 146, 165, 189, 279, 388, 470; in Philadelphia, 314; remarks on the treatment of, 140; in Jamaica (W. L.), 181
- Fibro-bronchitis and rheumatic pneumonia, 428
- Finch, Dr. W. W. Physicians, climate and diseases in Minnesota Territory, 213
- Flagg, Dr. J. F., death of, 492
- Flint's (Prof. J. B.) report on surgery, 390
- Fly poison and cobalt, 258, 285, 300, 318
- Fœtus, arrest of development in the, 472; extraordinary retention of, 384; in utero, killed by lightning, 48; within the placenta, case of a, 163
- Folsom, Dr. N. L. on hæmorrhage from the extraction of teeth, and treatment of sick headache, 100; irregular gestation, 438; remarks on drowning, 417; strangulated umbilical hernia, 317
- Fractures, complicated, case of, 452; new method in, 512
- Franklin (Mass.) District Medical Society, 168, 207, 532
- Galentine, Dr. C. B., on the cumulative effects of digitalis, 205; on supposed case of poisoning by cobalt, 258
- Galvanic abdominal supporter, 103, 286; successful use of, 164
- Geneva (N. Y.) Medical College, 230; suspension of lectures at, 245
- Gestation, irregular, 438
- Gilman, Dr. Noah. Case of imperforate anus, 115
- Gymnastic exercises, new work on, 349
- Hæmatosis, its natural and artificial induction, 49, 69, 93, 112
- Hall, Dr. A. B. Foreign correspondence, 80, 259, 353, 482

- Hall, Dr. G. W. The profession and their labors in Hancock Co., Ill., 321
- Hall, Dr. Marshall, 171, 190, 330; on the nervous system, 365; complimentary dinner to, 532
- Hallinan, Dr. J. B., on adjustment of the eye to distances, 324
- Hamilton's (Dr. F. H.) fracture tables, 25
- Hampton, N. H., mortality of, 510
- Hancock Co., Ill., the profession and their labors in, 321
- Handy, Dr. W. R. Case of paralysis of the bladder and complete restoration at childbirth, 457; Text-book of Anatomy, 387
- Harris, Dr. J. O., on the medical profession at the west, 257
- Haskell, Dr. B., on hydrophobia, 521
- Hayes, Dr. A. A., on immunity from the usual poisonous effects of arsenous acid, 42
- Hayward, Dr. George. Case of hydrophobia, 493
- Heads, human, and their covering, 189
- Headache, sick, treatment of, 100
- Health, public, 289
- Heart, affections of, 209, 516
- Hemorrhage from extraction of teeth, 100
- Henry, Dr. G. H., on the effects of quinine in pregnancy, 395
- Hernia, cold water in the reduction of, 272; strangulated umbilical, 317; Dr. J. S. Jones on, 14
- Hester, Dr. A., death of, 390
- Hodges, Dr. R. M. Spontaneous cephalic evolution, 284
- Homœopathy, 323; reply to Dr. Dyer on, 392, 452; Dr. C. A. Lee on, 488
- Horner, Prof., peculiar idiosyncrasy of, 459
- Hostman, Dr., on the laws of civilization, 167
- Howard Association (New Orleans), report of the, 470
- Hunter on the venereal disease, 270
- Hydrocephalus, chronic, treated by compression of the cranium, 403
- Hydro-electric voltaic chains, 63
- Hydropathic Quarterly Review, 329
- Hydrophobia, case of, 493; remarks on, 453, 521, 530
- Hysteria, nature and treatment of, 17
- Injections, treatise on, 530
- Insane, hospitals for the, 86
- Instruments, new and useful, 269
- Intemperance and yellow fever, 189
- Intestinal canal, congenital contraction of, 185
- Inunction in scarlet fever, 170
- Iodine in pharyngitis, 322
- Iodized oil, 88
- Iowa University Medical School, 65, 292
- Iron, perchloride of, 484
- Johnson, Dr. H. F. Autopsy of Dr. Calvin Newton, 79
- Jones, Dr. William, death of, 311
- Jones, Dr. Jos. S. The radical cure of hernia, 14
- Jussieu, Adrian de, death of, 206
- Kindling, spontaneous, in the human body, 371
- La Salle Co. (Ill.) Medical Society, 66
- Lawrence on the eye, 529
- Lectures, medical, introductory, 287
- Lee, Dr. Charles A., on the suspension of lectures in Geneva Medical College, 245; his lecture on homœopathy, 488
- Legs, Palmer's artificial, 230
- Lethean liniment, 472
- Lime, oxalate of, and certain forms of neuralgia, 183
- Lipoma of the nose, observations on, 304
- Locations for medical men, 368
- London, health of, for a week in November, 432
- Lupulin, as an anaphrodisiac, 108
- Lungs, diseases of the, treatment of, 124
- Lunatic asylum in Boston, 528; new, in Massachusetts, 290; Vermont, 430
- McPheeters's (Dr.) address, 388
- Madrid (Spain) Medical Herald, 86
- Maine Medical Association, 509; Medical School of, 411
- Malaria, extraordinary visitation of, 530
- Malpractice, trials for, 270
- Mansfield, Dr. J. D. Case of membranous croup, 504
- March, Dr. A., on coxalgia, 370, 431, 469
- Massachusetts, births, marriages and deaths in, 527; Medical Society of, 268; District Medical Societies, 27, 97, 168, 207, 310, 532; physicians in, 407
- Medical books, new, 144; Barrington & Haswell's, 170
- Medical Companion and Temperance Advocate, 190
- Medical College circulars, 210
- Medical delusions, philosophy of, 29, 54; essay on, 123
- Medical Journals, heavy, 43; increase of, 288
- Medical men, penalties to which they are exposed in the discharge of their duties, 312
- Medical philanthropy, more work for, 437
- Medical platforms, 248
- Medical practice, improvements in, 36
- Medical profession at the West, 257
- Medical science, has it lengthened human life, 377
- Medicines, concentrated, 36
- Medicine, magic, in Boston, 146
- Meigs's (Dr. J. F.) treatise on diseases of children, 45
- Membrana tympani, artificial, 332

- Menorrhagia, cinnamon in, 452  
 Mental application, exhausting, cause of irritation of the heart, 519  
 Merrill, Dr. A. P. on iodine in pharyngitis, 322  
 Microscopist, the, 123  
 Middlesex (Mass.) District Society, officers of the, 310  
 Middlesex Co. (Ct.) Medical Society, 352  
 Milk from spayed cows, 423; sugar of, in consumption, 374  
 Miller's Surgery, 104  
 Mind and nervous system, connection between the, 293  
 Minnesota Territory, its physicians, climate and diseases, 213  
 Miscellany, medical, 47, 67, 87, 107, 147, 211, 231, 251, 271, 291, 351, 371, 411, 451, 491, 511, 531  
 Monument, proposed, to the memory of Drs. Chapman and Horner, Philadelphia, 28  
 Morbus coxarius, 370, 431, 469  
 Moseley, Dr. N. R., on an additional muscle of the eye, 16  
 Munificence of a Boston physician, 308  
 Mysterious agents, philosophy of, 24  
 Natchez (Miss.), temperate lawyers of, 47  
 New England, public health in, 143  
 New Orleans, physicians in, 331; yellow fever, 46, 126, 146, 165, 189, 279, 388, 470  
 Newton, Dr. Calvin, autopsy of, 79, 226, 231  
 New York, Academy of Medicine, 509; City Hospital, 391; Esculapian, 269; Institution for the Deaf and Dumb, 371; Medical College, 68; Monthly Medical Journal, 489; mortality in 1853, 489; Orphan Asylum, treatment in the, 101  
 Norfolk Co. (Mass.), early history of the medical profession in, 149, 173, 199, 215, 237  
 Nuisances, public, 227  
 Nurses, education of, 105, 370  
 Nutting, Dr. J. H., on the philosophy of medical delusions, 29, 54  
 Nux vomica, poisoning with, and recovery, 382  
 Obstetrics, manual of, 228  
 Œsophagotomy, operation of, 48  
 Ohio, Medical College of, 104  
 Onanism in a horse, case of, 292  
 Ophthalmia, 108  
 Opium and alcohol, their comparative effects on the system, 341  
 Opium eater and vegetarian, a bed-ridden, 108  
 Orthopedic Surgery, 46  
 Orthosomium in Boston, 410  
 Paget's Lectures on Surgical Pathology, 310  
 Palmer's (Dr. B. R.) address, 483  
 Paralysis, increase of, 509  
 Paris, medical matters in, 80, 482; letter from, 80, 259, 353, 482  
 Parker, Dr. Hiram, on resolutions of District Medical Societies, 87  
 Parks, Dr. Luther. Translation of M. Valleix's lectures on displacements of the uterus, 89  
 Patents, professional, 105  
 Paturient patients, Dr. Sims's institution for, 330  
 Peninsular Journal of Medicine, 105  
 Pennsylvania, Female Medical College, 65; Medical College of, 168; Medical Society transactions, 289  
 Periodicals, medical, editorial changes in, 427  
 Perry, Dr. Ira, on the mechanical cure of spermatorrhœa, 16  
 Pharmaceutical Association, 102, 229  
 Pharmacy, Mass. College of, 389  
 Phlegmasia dolens, case of, 426; relieved by cold water, 68  
 Philbrick, Atwood & Co.'s preparations, 332  
 Phthisis, arsenical inhalation in, 531  
 Physicians, alleged inhumanity of, 126; hard times for, 408; in Mass., 407; trouble among the, in Cincinnati, O., 126; untimely end of a, 389; visiting list, 329  
 Physician's life, advantages and pleasures of a, 462  
 Pickett, Dr. N. B. Case of extraordinary retention of a dead fœtus, 384  
 Placenta, case of fœtus within the, 163  
 Plants, medicinal, in British Guiana, 106  
 Poisoning, by arsenic and chromate of lead, recovery from, 475; with carbonic acid, 109; with nux vomica, 382; pathology of, 41; by rattlesnake bite, 506  
 Poisonous effects of arsenous acid, immunity from the, 42  
 Polydipsia, or excessive thirst, 393  
 Population of the world, 247  
 Pork, disuse of, among the Shakers, 22  
 Posthumous reputation, 102  
 Practice, extensive eagerness for, 468  
 Practitioners, irregular, at the West, 371  
 Professional character, 338  
 Professional delinquencies, 145  
 Professional success, 289  
 Prussic acid, spontaneous generation of in a medical compound, 513  
 Psychological Journal, 104  
 Putnam on spiritual revelations, 328  
 Quack medicines, 471; preparations, 369  
 Quackery, 116; in England, 252  
 Quinine, effects of in pregnancy, 299, 395  
 Ramsey, Dr. H. A. Quinine productive of abortion in febrile affections, 299  
 Rappers, spiritual, 409  
 Rattlesnake, bite of, 506

- Re-vaccination, on the necessity of, 473  
 Rheumatism, 408; treatment of by citric acid, 276  
 Ricord's letters on syphilis, new edition of, 328, 348, 352  
 Richmond (Va.) Hospital, 471; Medical School, 390  
 Ring, removal of, from a lady's finger, 78, 190  
 Rodgers, Dr. M. M. Alleged improvements in cauterizing the throat, 180; empiricism, method of treating it, 438  
 Rogers, Dr. E. C. Treatment of spinal curvature, 118, 137  
 Russian troops, sickness among the, 432  
 Sanitary reform, letters on, 388  
 Sargent, Dr. S. Case of a foetus within the placenta, 163  
 Schools, Medical, in the U. S., 143  
 Shakers, disuse of pork among the, 22; their herbs, 122  
 Shattuck professorship, the, 308  
 Skin diseases, 196; their constitutional origin and treatment, 300  
 Slade, Dr. D. D. on involuntary seminal discharges, 433; translation of Ricord on syphilis, 328, 348, 352  
 Sleep, on the effects of, in sickness, 129, 179  
 Smallpox, prevalence of, 489  
 Smith, J. W., on poisoning by cobalt or arsenic, 318  
 Somnolence, obscure case of prolonged, 363  
 Soot as a deodorizer, 392  
 Special practice, 250, 369, 422  
 Spermatorrhoea, on the mechanical cure of, 16, 209; treatment of, 144, 433  
 Spinal curvature, treatment of, 118, 137  
 Spinal energy, impaired, strychnia for, 88  
 Splints, felt, manufacture of, 469  
 Starling (O.) Medical College, 123  
 Stevenson, Dr. John G. Case of injury to the thumb, 63  
 Stomach, irritable, remedies for, 88  
 Strychnia, singular effects of a dose of, 250  
 Students, medical, the present season, 328  
 Study, excessive, in our public schools, 74  
 Subclavian vein, extraordinary operation on the, 439  
 Suicide, hereditary tendency to, 168  
 Surgeon's splints, 228  
 Surgery, aural, new work on, 167  
 Surgery, operative ophthalmic, 124  
 Surgical cutlery, 125, 287  
 Syringes, improved, 188  
 Theory and practice, new work on, 87  
 Thermometer, newly graduated, United States, 318, 328, 468  
 Thirst, perpetual, case of, 125  
 Thompson, Dr. A. H. Foreign body in the windpipe, 82  
 Throat, alleged improvement in cauterizing the, 180  
 Throat disease, treatment of, 327  
 Thumb, case of injury to the, 63  
 Tobacco, irritation of the heart from the use of, 518  
 Tobacco seeds, on the dormant vitality of the, 254  
 Tubercular disease, influence of climate on, 229, 441  
 Tumor, parotid, extirpation of, 486  
 Typhoid fever, treatment of, 483  
 Urinary bladder, obstinate paralysis of the, 457  
 Uterine displacements, M. Valleix's lectures on, 89; treatment of, 259  
 Uterus, diseases of, actual cautery in, 134; displacements of the non-gravid, 44  
 Vaccination, 145; new law in England, 392  
 Vegetable food, 169  
 Venereal disease, new edition of Hunter on, 298  
 Virginia, health of the State of, 272; Medical School, 65  
 Vision, impaired, restoration of, 188  
 Vital statistics, 377  
 Ware, Prof. John. Case of polydipsia, or excessive thirst, 393  
 Warner, Dr. Richard, death of, 230  
 Water closet, a portable one, 26  
 West Chester (Penn.) Medical Reporter, 86  
 Whitwell, Dr. B., on professional character, 338  
 Willard, Mrs. Emma. Reply to Dr. Hunt, 338; the motive power of the blood, 524  
 Williams, Dr. H. W. Case of extraction of a cataract, 338  
 Williams, Dr. Stephen W. and Franklin Co. Medical Society, 207  
 Windpipe, foreign body in the, 92  
 Winter diseases, 430  
 Woman, a bearded, 526  
 Women, change of life in, 478; on exhibition in Boston, 85; medical education of, 419  
 Woodbury, Dr. M. R., on the successful use of galvanic supporters, 164  
 Wooden leg literature, 169  
 Writers no practitioners, 248  
 Young Physic, new Medical Journal, 451  
 Ziegler, Dr. George J., on the natural and artificial induction of hæmotosis, 49, 69, 93, 112  
 Zymotic theory of essential fevers 429



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No. 1.

## HYGIENICS OF TEMPERANCE, OR WATER AND ALCOHOL CONTRASTED ON THE PEOPLE PROPER.

BY SAMUEL A. CARTWRIGHT, M.D., NEW ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN the writer had the honor to receive the Rev. Dr. C. K. Marshall's communication, calling on him for the physical effects of alcoholic beverages on the different classes of people, who had come under medical observation, he was about visiting Natchez, his old place of residence. He looked over his account books of the years 1823 to 1828, and made a list of all those persons on whom he had attended at that period, as physician, and whose habits he knew. He took the list with him to Natchez, and added to it such other persons among his former acquaintances whom he recollected sufficiently well to classify on the question of temperance or intemperance. After making the classification, he submitted it to several of the older inhabitants for emendation and correction. The list contained 790 names—male adults of Natchez and its vicinity. As the women are all temperate, no notice was taken of them in collecting the statistics; nor of the minors, but only of the people proper, the true sovereigns.

Classified—the list stood: temperate, 330; intemperate, 460. All those who were in the habit of using alcoholic beverages, between meals, whether they ever got intoxicated or not, were classed among the intemperate. Whereas about 80 of those, classed among the temperate, occasionally indulged in a frolic or in what is called a social glass, in holiday times or at some particular celebration or convivial entertainment—thus reducing the number of the strictly temperate to about 250. Great assistance in making the classification was derived from the recollection of those who patronized grog-shops, bar-rooms and exchanges—being of that class which could scarcely be ten minutes together without some one of the company proposing to “treat,” as it was called, or to “take a drink.” With this class a political, moral or religious discourse of an hour or two in length, was generally considered a bore, as being too long between drinks. All these are classed among the intemperate, although, perhaps, not as many as an hundred of the 460 were in the habit of getting intoxicated, and the remainder seldom or never. Yet

they daily partook of ardent spirits, as regularly as their meals, and much oftener. They contributed very little to the support of the medical faculty, and were remarkably careless and regardless of their health. For minor ailments, such as colds, colics, diarrhœa, &c., instead of calling in a physician immediately as the temperate class did, they generally took an extra glass or two of their usual stimulating potations, often adding spices, and taking it hot instead of cold—thus approaching very nearly to the Thomsonian system of medication. If they could force a sweat, relief was apt to follow—or the over-charged stomach would reject its contents, the stimulating potations acting as an emetic and carrying off the bile. Hence, from their seldom calling in medical aid, the impression was made upon the public mind, that the use of spirituous liquors prevented disease. This delusion was confirmed by the fact that the temperate were so often sending for physicians. Their senses not being stupified, they felt any derangement in their systems, more evidently than those who were under the benumbing effects of alcohol, which in large quantities palsies the sentient system, like ether or chloroform. It was only, therefore, in cases in which alcoholic drinks failed to give relief, that medical advice was sought. It was often sought too late, and this class of people were very apt to die from maladies the temperate would very readily recover from, both from thus applying earlier, being more tractable and manageable, and having their blood in a better state. If a physician succeeded in curing the intemperate of the most dangerous diseases, he would often get neither pay nor thanks—as they did not know how ill they were. They came out of a serious illness, as they did out of a drunken frolic, with a forgetfulness of the past. If he were unable to succeed in curing them, his reputation suffered, as the friends of the deceased were apt to blame him for negligence or want of skill, pointing to this person or that who recovered from a much worse condition. As a general rule, they never recover from yellow fever, as about nine out of ten of the temperate do. Pneumonia, erysipelas, and fevers connected with chronic inflammation of the bowels or liver, carry most of the intemperate off.

How many of the 460 were living, after the lapse of a quarter of a century, was a question that it was important to ascertain. On making inquiry of the old inhabitants of Natchez, not more than a couple of dozen could be found or heard from. The greater part were known to be dead—and the balance had gone, no one knew where. Nor were there any sugar hogsheads or cotton bales rolling into the southern emporium to indicate the whereabouts of the missing. Champomier, in his "Statement of the Sugar Crop," has given a list of 1481 plantations, making 368 millions of pounds of sugar and 25 7-10 millions of gallons of molasses in 1852, with the names of the owners. None of the missing were found on that list. Nor did the cotton commission merchants know anything of them. Whereas, nearly all of the temperate class who have removed from Natchez and its vicinity, are on the list of either the cotton or sugar brokers. For the remainder of his old friends and patrons of the temperate class, the writer, on his arrival in Natchez, found it almost unnecessary to inquire how many of them were still living,

after a quarter of a century had passed by. For time seemed to have rolled backward, and there they were before him to speak for themselves. They were all living, excepting a few who had died from old age and accidents. According to the Carlisle tables, 330 individuals, at the average age of 25 years, would lose, in a quarter of a century, 83 of their number. Whereas only 68 have died in from 25 to 30 years; and their average age was more than 25 years. Yet in the average time of 27½ years, a smaller number had died, than the natural decrease in the most healthy countries. Speaking in general terms, it really did appear, that they were not only all living, but had all the money. Certainly, in proportion to their numbers, the lion's share of the wealth of the country belongs to them. If their property were equally divided, each would have upwards of one hundred and fifty thousand dollars for his share. The statistical figures made it much more. Water, as a beverage, is not only a good life-preserver, but it pays well. When first known to the writer, 25 to 30 years ago, many of them were serving out their probation under Temperance, as Jacob served Laban. They were rewarded with the most accomplished Leahs and the fairest Rachels of the land—women who had too much good sense, polish, education and discretion to trust their persons and property to the whims, caprices, inconsistencies and uncertainties incident to the character of all those, no matter how plausible and attractive in other respects, who had not been trained, by the self-denying discipline of Temperance, to habits of sobriety, industry, constancy, consistency and stability. Poor they were, but having served out their probation and stood up to their principles through good and through evil report, they had that which soon made them more than rich—a character for sobriety, honesty, industry and attention to business, worth more than wealth. Some few jumped immediately into the possession of large estates by matrimonial alliances, while the greater number slowly rose to the attainment of princely possessions by industry and economy of money and time, coupled with a generous liberality of expenditure in praiseworthy objects—having always at hand, fives, tens, hundreds, and in some instances thousands and tens of thousands to build schools, colleges, churches, and for internal improvements; but never a dime to spend to support those drinking establishments, where time is wasted, morals corrupted, health impaired, broils engendered, and the bowie knife the judge, jury and executioner. The four hundred and sixty patronizers of such places of resort, 25 to 30 years ago, have nearly all passed away, leaving only here and there an infirm, sickly descendant to tell that any of them had ever been. Even the *Pere la Chaise* of Natchez contained scarcely a stone, that the writer could find, erected to the memory of any of the 460. The only place where the existence or non-existence of any of them, with a few exceptions, could be found, was the *sexton's book*. That did not tell of all who had died, but only those who had died at home. But it told of more than the larger half—enough and more than enough to draw a strong contrast between water and alcohol as beverages when used by the people at large—and to prove that intemperate habits, in this southern climate, cause a frightful waste of human life. The marble told of nearly all of those

few among the 330 temperance men, who were not living ; while the streets of the city declared that the marble was mistaken—that they were not dead, as it said, but were living life over again, in the shape of a new generation or two of an active, healthy and wealthy posterity ; having to tread cautiously, as their fathers did, to avoid the pits, with concealed mouths, at the corners of the streets and near by all public places of resort, into which many of them are, ever and anon, dropping.

The swarms of children, however, which the writer saw in every direction, pouring out of the school houses built by his old temperate acquaintances and patrons, particularly that large one, called the Institute, donated to the public by that best of men, Alvarez Fisk, gave evidence of a latent principle in physiology which would form a fine study for theologians and statesmen—viz., that the temperate in all things are sufficiently prolific soon to spread a progeny of the hale and the healthy, the civilized and the christianized, over the earth's broad surface, provided that progeny be prevented from falling into intemperate habits, which can only be done by protecting them from the ethyl breath—mesmerizing the will—exhaling from the numerous grog-shops spread over this fair land.

The converse of the same physiological principle is, that a nation of intemperate people will soon become extinct, if both sexes be so ; short-lived, rheumatic and consumptive, if only one be. The Indian nations, one after the other, are disappearing—both sexes being intemperate. The writer practised medicine two years near the Indian line, and observed that drunken squaws were seldom or never troubled with papouses—nearly all the children belonging to the temperate Indians. The black race, like the red, diminish faster than they multiply in the free States, Hayti, Canada, Sierra Leone, and wherever they have free access to spirituous liquors. They hold their own in the wilds of Africa, where they can get none. They multiply rapidly in those countries where their will, like children, is under restraint—the government paternal, and sufficiently kind to protect them from that great enemy of mankind, alcohol. Their own will is too weak, with the scent of that substance in their wide nostrils, to prevent them from leaving all industrious pursuits, and the places of religious and moral instruction, for the haunts of dissipation, from which moral suasion cannot draw them. The exceptions prove the general rule. In the depopulated neighborhoods of Eastern Virginia, the ruins of a distillery were often found in the boy-hood rambles of the writer. In those days the Ethiopian race were accused of being the curse of Virginia and America, and great numbers of whites ran away from their negroes to the far West. But at that early day a strong impression was made upon the writer's mind, that the thing which made good men bad, and free negroes worse than slaves, was surely the cause of the misfortunes of Virginia, as nearly all the evil he had ever seen, sprang from that source alone. He resolved never to drink ardent spirits, and when he grew to be a man to do what little he could to abate the evil. The Rev. C. K. Marshall's communication, calling for his observations of the effects of alcoholic beverages on the different classes of people—white, black and red—reminded him of his former

determination, and he only regrets his inability to do justice to the subject. The facts that he has adduced prove, that the advocates of alcohol have no right to seek shelter or protection in the science of medicine.

The means that physiology would suggest to protect the offspring of the prolific temperate from the evils of the traffic in ardent spirits will, fortunately, not only give the largest liberty to the greatest number, but will go a step beyond—a step of true republican progress—and give the largest liberty to the whole number, consistent with the health, peace and happiness of the various classes composing the whole number. This liberty they cannot have, while pits are everywhere dug and left open for their children to fall into, and while public places, private walks, hotels and thoroughfares are infested with lawless, dangerous madmen.

But there are other matters, besides mere temperance, which have to be taken into consideration to account for so much health, wealth, longevity and prosperity in a climate as hot as that of Natchez. The field and out-door work is performed by a class who delight to expose their persons to a bath of bright solar light, hot enough to blister the skins and inflame the blood of the other class. In the shade the temperature is nearly the same, in the summer months, at the North and the South. But the thermometer, in the shade, gives no idea of the insufferable heat of a cane or cotton field in the summer months at noon.

Another important matter—the water, in that section, is not only good, but it is probably the best in the United States; being mostly rain water, collected at the proper time and manner, in well-constructed cisterns, and kept cool and freed from organic and fermentable matter. To draw a fair contrast between water and alcohol, the water should be good. A very large proportion of the spring, well and river water, throughout the Union, is very impure. The summer rains contain much more organic and fungoid matter in the North than at Natchez or New Orleans. But at the latter places a few fish in the cisterns are very useful in purifying the water. Those who are now employed in preparing the various kinds of alcoholic beverages, could be better employed in filtering and freeing water, to be used for drinking and culinary purposes, of all impurities, as that of lead and other mineral impregnations, dead animalcules, fermentable substances, earthy and alkaline salts. All such impurities injure the teeth and deteriorate the blood—a fluid so nicely balanced between chemical and vital forces, that any deteriorating cause diminishes its vitality, as alcohol does, and lays the foundation for diseases of various kinds. The purification of water by filtration, surface action and other means, would not only be a good business for all those now engaged in dispensing and preparing alcoholic drinks, but would atone for much of the evil they have already done.

*Canal street, New Orleans, July 2d, 1853.*

## OPERATIONS FOR THE RADICAL CURE OF INGUINAL HERNIA.

[Concluded from page 513, vol. 48.]

PRACTICAL plastic operations and the results of tenotomy, are suggestive as to the requirements for successful and permanent closure of apertures made within or upon the human body by accident or disease. The gap in a divided tendon is filled up, if reparatory action is excited, by a tissue identical or similar to the original growth—capable at least of performing the functions of the tissue to which the new growth is joined.

Sections of muscular fibres are repaired in like manner. The bond of union may differ in form and appearance; it may not possess the power of contractility, but is equal in strength, probably, to the muscle in the normal state, and the muscular function will afterwards be performed.

If action in a divided tissue by injury or disease is to be reparatory, something analogous to the tissue should be reproduced; and generally this is the fact, else upon what principle in fractured bones do surgeons rely upon bone deposit as a means of uniting firmly the separated parts. This union does not always occur; but the failure is the exception, and its cause not always understood.

Divided nerves may unite, and their functional properties return. This could not happen but in accordance with the law that each tissue reproduces its kind; and aponeuroses and tendons are not proved to be exempt from this general law, which complications and adverse influences may sometimes defeat.

When the “pillars of the ring” by pressure and hernial descent are dilated, and rendered flaccid, no spontaneous action restores them to a normal state, or forms any firm connection with the fasciæ, the muscular or other tissues which together constitute the natural barrier and boundaries of the inguinal canal.

A theory of cure, then, rests upon an hypothesis, which may be stated in a few words. If the pillars of the ring are wounded at particular points, a plastic, reparatory process will re-unite them to each other, to the external surfaces of the sac, or by new insertions to the pubic attachments; in either case lessening the dimensions of the tendinous bands, approximating their edges, and closing the abdominal ring.

There are other elements in the problem of cure besides incision or scarification of the tendinous structures; but upon this principle, successful operation is proposed, varying the manner in accordance with the characteristics of the case. The best means to accomplish the end may be considered when the operation is the subject of remark.

Radical cures of recent herniæ caused by blows, have been noticed by surgeons, aided only by retentive means; it is reasonable to suppose the divided structures were united by the plastic process, and no departure from the usual mode of union is required to admit that in case of operation upon these structures there should be a similar result.

If in an operation for strangulation, the “pillars of the ring” had been purposely divided, and so placed as to reduce the ring to its normal size, and had become adherent, in such way that no hernia again appeared, would a theory of “radical cure” be considered extravagant or impossi-

ble, which put forth this "innovation" in evidence of its support? If radical cure followed such operation, would it be denied that this "new feature" had anything to do with this unusual result?

Subcutaneous operation upon the "pillars of the ring" would facilitate plastic action, and be more reliable in cases where it is possible to effect a cure.

For reasons which need not be given, some herniæ do not admit of cure, even though the hypothesis was proved to be as sound as that one which proposed to restore vision by depressing an opaque lens, or that other which asserts its control over arterial bleeding by ligature properly applied to the divided vessel—whether caused by wounds or ruptured aneurismal sacs.

The difference between the operations known, and that one suggested by the writer, will be seen if compared.

The usual mode is to excite *inflammation* in the sac, that adhesion may follow. In theory this operation should fail for the most part; and it does so, according to the records of practice; for if the peritoneum in the normal state was incompetent to resist the protruding bowel with some support from fasciæ, tendons and natural adhesions, how should it, when the hernia is increased in bulk, and the pressure is greater, accomplish retention when attenuated firmer structures, and dilated pillars of the ring, fail to give the support supplied in their normal condition and in natural association?

By a new method it is assumed that plastic action may be induced by proper means in the tendinous structures, without "*inflammation*;" and in cases where the stricture is not at the external ring in strangulation, if the "pillars of the ring" are incised and approximated by suture if necessary, after the usual operation for relief of strangulation, a radical cure will be a probable result.

Here the risk attendant upon inflammation is increased, which might embarrass curative action. But inasmuch as it is proved that plastic action, on the modelling process, proceeds with more certainty under cover, the "pillars of the ring," or other tissues acted upon from a distance by subcutaneous manipulation, would be a preferable mode, Dr. Heaton says he "has discovered a safe and simple way," for the approximation of the pillars and closure of the abdominal ring. Will his practice verify or disprove the advanced hypothesis? As to the safety of the operation, little need be said. Its successful issue would much depend upon the precision and skill of the operator.

It was not my design to compose an essay on the operations for the cure of hernia, ancient or modern, and I may have occupied more space than I intended in this imperfect outline of a subject, interesting to myself if not to the majority of medical readers. I do not know that I have recorded an original idea, and it may be proven to me that it is a correct deduction "to cure hernia by *producing adhesive inflammation of the walls of the sac*." The proposed hypothesis of tendinous union may have been tried or attempted by many operators, and found impracticable either in the operation or in its results. My limited acquaintance with medical literature does not, however, furnish me with any evidence

upon this point. I incline to the opinion that the "pillars of the ring" have been wounded in operations, or irritated by pressure, producing beneficial results and cures, without the knowledge of the operator, and the action thus induced has had the principal agency in the cures.

I coincide with those physiologists and pathologists who believe that inflammation is not normal action, nor necessary in any reparatory process of the animal organs, or tissues, and that according to the time and degree of its obtrusion in cases of injury or disease, it retards the cure, sometimes destroying the vitality of a part or organ, and as a consequence suspension of all the functions necessary to life.

Is it sound doctrine to rely for cure upon the production of an action no more required to form one cell, which is to become a part of a living normal tissue, then it is required in the act of generation, to vitalize and set in motion a germ which is destined, according to natural laws, to become the representative of the highest order of the created things of the earth.

Your ob't serv't, J. S. JONES.

No. 1 Bowdoin st., Boston, July, 1853.

#### AN ADDITIONAL MUSCLE OF THE EYE.

BY N. R. MOSELEY, M.D., PHILADELPHIA.

[Communicated for the Boston Medical and Surgical Journal.]

By dissections made recently by myself of the tissues within the orbits of the human eye, I have found a muscle that I never met with before, and a description of which I have not seen in the books. The muscle referred to is a small mass placed upon the outer side of the globe, running parallel for a short distance with the m. abducens. The fibres take origin from the orbital surface of the malar bone anterior to the point of union of this bone with the orbital surface of the sphenoid bone; from thence running forward, its tendon blends with the fibrous structure of the outer angle of the eyelid. By making the muscle tense, the outer canthus is drawn outward and backward. Thus it is an antagonist of the Tensor Tarsi of Horner. Now whether this muscle is always present in the human subject or not, I am unable to say; but by several wet specimens in my possession I can satisfactorily demonstrate it, be it anomalous or otherwise.

July 17, 1853.

#### MECHANICAL CURE OF SPERMATORRHŒA.

*To the Editor of the Boston Medical and Surgical Journal.*

THE advantages of reading medical journals are great. Yours has been received with great regularity for five years, and each number thoroughly read. It contains many valuable and practical suggestions. For example, an article on spermatorrhœa, June 29th, was read with interest. The next day a patient with that difficulty applied for relief. It was decided to pursue the plan described in the article alluded to. A piece

of leather, one inch wide, pierced with four small tacks, was formed into a ring one inch and a half in diameter. Cold water was to be applied to the thighs and back at bedtime, and the ring put upon the offending member, the points of the tacks being well protected with cotton. The patient informed me, a few days after, that he had followed my directions, but was not careful about a sufficient quantity of cotton around the points of the tacks; yet the purpose was answered, for he was aroused by them, in the midst of a lascivious dream, and then "vowed to the saints and blessed Virgin" ever after to follow the doctor's directions. The patient presented himself to-day, and informed me that no emission had troubled him since the first trial of the instrument. He had omitted it a few nights, and thought he was nearly cured. The case was of two years' standing, and had produced great despondency.

*West Medway, Mass., July 22, 1853.*

Yours respectfully,  
IRA PERRY, M.D.

### HYSTERIA.

[Communicated for the Boston Medical and Surgical Journal.]

HYSTERIA is ordinarily, but not without exception, a disease pertaining to the female organization. The maladive condition seems rather to belong to the sexual element, the aphrodisiac infusion, than to the general peculiarity; and though it is an epicene affection, it is by far the most frequently found among the females of the race. Hysteria is exclusively confined to the period of life during which the menstrual function is normally active: and much the greater number of cases occur in the condition of virginity. Ancient savans once taught that the soul dwelt in the womb. The statement gained plausibility from the argument, that, if it were not so, the fœtus could not receive the psychical endowment. Voltaire, on the other hand, maintained and contended that a being ignominiously thrust under life's threshold in company with the refuse of the system, was unworthy of an enduring principle. It has never been proved that the spirit dwells in the uterus; yet it is an incontestable fact that the organ exerts no inconsiderable synergic influence upon the systemic organization. The globus in hysteria is one of the most common symptoms. Its Irish designation is the "winding-arrow." In the paroxysms of hysteria an apparent loss of consciousness exists, which is frequently unreal and deceptive. A disposition on the part of the practitioner, who has made an accurate diagnosis of the case, to treat the complaint as a serious attack of disease, is injudicious. A demand for a bucket of ice-water, ostentatiously repeated in the presence of the pseudo-unconscious patient, has a wonderfully sedative effect; and an intimation that the water is abundant and cold, usually suppresses a returning disposition to exhibit unreasonable evolutions and irregular gymnastics. The cold affusion is seldom necessary when the inconvenience of an actual cateclism is properly portrayed before the patient. When required, a lavement of aqua glacialis is an efficient remedy, and rarely fails to remove the malady. Radical treatment consists in restor-

ing the deranged condition upon which the irregular or deficient menstruation depends.

The hysteric convulsions are alarming to the bystanders, and embarrassing to the attendant unless he be well aware of the nature of the case. A diagnostic symptom in hysteria, is the open state of the glottis; while in epilepsy, it is spasmodically closed. The affection exists sometimes as an epidemic, contagious by sympathy where a predisposition exists. A resolve to resist the attack is the best prophylactic. "*Est leo si fugias; si stas quasi musca recedit.*"

Masculine *hysterics* are not unheard of. The disorder has prevailed in a monastery of celibates. Even

" In those deep solitudes and awful cells  
Where heavenly pensive contemplation dwells,"

great Isis finds entrance and claims involuntary homage.

" Omne adeo genus in terris hominumque ferarumque,  
Et genus æquoreum, pecudes, pictoreque volucres,  
In furias ignemque ruunt, amor omnibus idem."—*Georgic 3d, 252.*

July 21st, 1853.

S.

## EPIDEMIC COLONITIS.

[Communicated for the Boston Medical and Surgical Journal.]

THE very great fatality of what was called dysentery during the summer of 1852, and present indications of its re-appearance, induce me to offer a few remarks which I hope will be acceptable to those who have not had an opportunity to investigate its character. The disease which I denominate as epidemic colonitis, occurring as it does in seasons when the true dysentery is more or less prevalent, has been, I fear, too often mistaken for the latter, and treated as such. As mistakes in the diagnosis may lead to fatal results, I have thought proper to lay before your readers some of the most prominent symptoms which distinguish it from true dysentery.

As the local inflammatory action has been more usually traced in the colon than elsewhere, some physicians, particularly Dr. Ballingall, have substituted the name of colonitis for that of dysentery, but still they all agree that the disease consists of inflammation of the mucous membrane of the large intestine. They all agree, likewise, that there is a deficiency of bile in the dysentery, notwithstanding there appears discrepancy of opinion with regard to the use of mercurials, although by far the great majority depend very much on them. Dr. Good says that in the dysentery chronica, or the bilious hepatic flux of the East, there is often a bilious flow from the rectum, and this he attributes to the extension of inflammation or irritation, during the chronic stage, to the liver, thus exciting that organ to excess of secretion—but, in taking into consideration the discrepancy of opinion among eastern practitioners relative to the effects of mercury in acute dysentery, I am inclined to the opinion that the form of disease which I speak of has been equally mistaken there.

The seat of the dysentery is the mucous coat of the colon, though

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## INDEX TO THE FORTY-EIGHTH VOLUME.

---

- ABELL, Dr. Truman**, death of, 425  
**Adams, Dr. H. M.**, on homœopathy, 39  
**Advertising by physicians**, 225, 246  
**Alabama, Medical Association of**, 285  
**Alligators**, experiments on, 423, 433, 474  
**American Medical Association**, 28, 366;  
     meeting of, 302, 323; officers of, 326;  
     special committees of, 388; transactions  
     of, 67, 286, 465; annual meeting of, in  
     New York, 349  
**American Medical Society in New York**,  
     87  
**American physicians**, abroad, 446; in Eu-  
     rope, 463  
**Anatomical depot**, 367  
**Anatomy, comparative**, 84  
**Aneurism**, treated by rest and absolute  
     diet, 228; treatment of, 348  
**Anæsthesia in midwifery**, 145  
**Anæsthetics**, use of in rigidity of perinæ-  
     um, in first labor, 450  
**Apoplexy and inflammation of the brain**,  
     boring the cranium in, 356; trephining  
     in, 283  
**Arteries**, large, ligatures of, 108  
**Asphyxia, infantile**, remedy for, 131  
**Assafetida**, syrup of, formula, 168  
**Asthma, spasmodic**, nature and treatment  
     of, 309, 340  
**Backus's (Dr.) Unity of Disease**, 386  
**Bamberg (Germany)**, Orthopedic Institu-  
     tion at, 126  
**Barnstable (Mass.) District Medical So-  
     ciety**, 184  
**Bartlett, Dr. Josiah**, accidental death of,  
     306  
**Bates, Dr. James**, on successful treatment  
     of opium eaters, 77  
**Beard**, growth of the, 464  
**Beaumont, Dr. William**, death of, 388  
**Belladonna**, therapeutic properties of, 328  
**Belmont (Ohio) Medical Society Transac-  
     tions**, 524  
**Bennett's (Dr. John Hughes) Introduction  
     to Clinical Medicine**, 46  
**Berkshire (Mass.) Medical College**, 486  
**Bilious**, what it is to be, 222  
**Bleeding**, as a remedial agent, 325  
**Blind**, Perkins Institution for the, 504  
**Blood**, motive power of the, derived from  
     respiration, 61, 433, 474  
**Bloodletting**, Dr. Turner's petition against,  
     306  
**Boletus Laricis**, as a purgative, 88  
**Boston**, lunatic asylum, 85; report of births,  
     marriages and deaths for 1852 in, 106;  
     report of deaths in, weekly  
**Boylston medical prizes**, 67  
**Bristol (Mass.) District Medical Society**,  
     187, 448  
**Broma and dietetic cocoa**, 25  
**Buffalo (N. Y.) Hospital of the Sisters of  
     Charity**, 348  
**Burmah**, medicine in, 386  
**Burmese**, recuperative power of the, 368  
**Butler (Providence, R. I.) Hospital for the  
     Insane**, 166  
**Butter**, a substitute for cod-liver oil, 466  
**Callus**, provisional, in fractured bones, 106  
**Calcutta**, new medical college in, 308  
**Canada**, medical degrees in, 245; practice  
     of medicine in, 184  
**Cancer in aged persons**, operation for, 381  
**Cancerous diseases**, surgical operations in,  
     440  
**Canule-Dupuytren**, remarkable accident  
     from use of the, 262  
**Carolina, South**, Asylum for the Insane,  
     208  
**Carpenter's (Dr.) Physiology**, 46  
**Cartwright, Dr. Samuel A.** Hygienics of  
     Temperance, 373, 494; on the motive  
     power of the blood, 433, 474  
**Catalepsy**, remarkable case of, 421  
**Chabert, Dr. J. X.** Operation for the cure  
     of hydrocele, 123  
**Chandler, Dr. Charles W.**, obituary notice  
     of, 160  
**Chemistry**, organic and physiological, 186,  
     245  
**Chloric ether**, use of in puerperal convul-  
     sions, 163

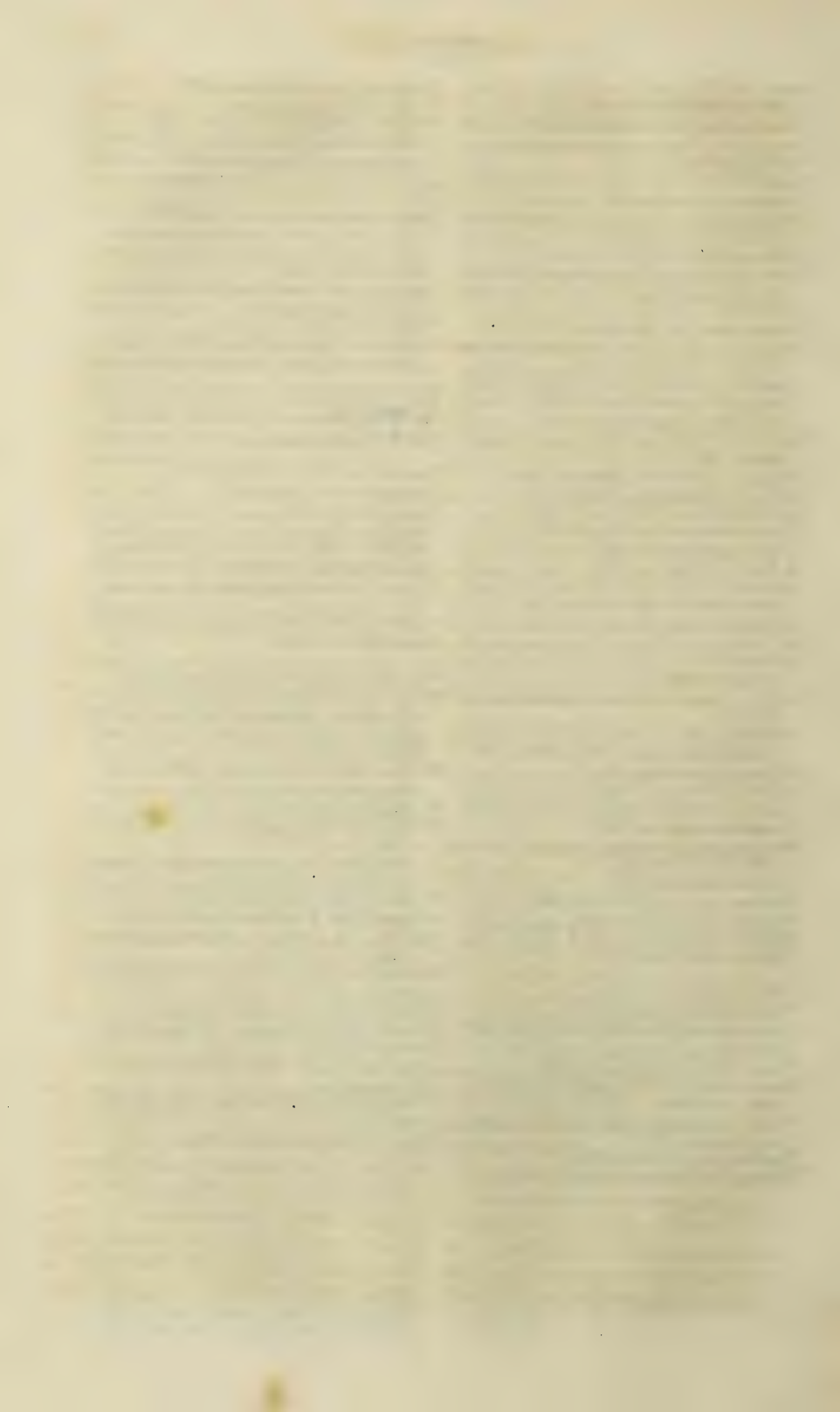
# INDEX.

- Chloroform, death from, 288; used in a case of infantile convulsions, 502; in midwifery, 268
- Cholera, 248; copper a preventive of, 465
- Cincinnati (O.), medical societies in, 326
- Circulation, motive power of the, 61
- Clark, Dr., on vaccination at Council Bluffs, 36
- Clark's (Dr.) Address, 505
- Clinical Phrase Book, 224
- Clinic, surgical, at the Philadelphia College of Medicine, 199
- Cod-liver oil, action of, 454
- Colby, Dr. John C., death of, 99
- Colby, Dr. M. F. On typhus and typhoid fever, 369; nature and treatment of scarlet fever, 389; on veratrum viride in fevers, 509
- Columbia, Lunatic Asylum in the District of, 205
- Consumption, Dr. Turnbull's remarks on, 443
- Consumption and other pulmonary diseases, use of inhalations in, 469
- Consumptives, Hospital for at Brompton, England, 309
- Copper, a preventive of the cholera, 465
- Cornell, Dr. W. M., on the medical application of electricity, 34
- Coroner, medical, appointed in Boston, 346
- Cretins, Dr. Guggenbuhl's hospital for, in Switzerland, 44
- Croton oil, recovery from an overdose, 297
- Crucifixion, medical queries respecting the, 405
- Cryptogamia, principles of botany in the, 245
- Curtis (Dr. J.) on occupational influences upon health, 64
- Cyanosis, case of, 322
- Davis's (Dr. N. S.) Address at Rush Medical College, 225
- Deane, Dr. James. Union of divided fingers, 329
- Deming, Dr. E. S., on syncope after childbirth, 32
- Dengue, yellow fever, &c., 9
- Dental science and dental Journals, 125
- Dental toilet articles, 444
- Diabetes, treatment of, 265
- Dix, Dr. John H. Remarkable accident from the use of the Canule-Dupuytren, 262
- Dowler, Dr. Bennet, 228
- Drake, Dr. D., biographical sketch of, 142; his work on the diseases of the interior valley of North America, 108
- Dropsical poisonous inoculation, 407
- Drug inspectors, 24; in the U. S., 284
- Drugs, adulteration of, 196
- Dublin (Ireland) Medical Press, 67
- Dunlap, Dr. James, on the use of chloric ether in puerperal convulsions, 163
- Dustan, Dr. Daniel, on veratrum viride in fevers, 510
- Dysentery, hydropathic treatment of, 146
- Dyspepsia, or chronic gastritis, use of nitrate of silver for, 197
- Easton (Md.) Medical Institute, 286
- Electricity, human, 264
- Electricity, medical application of, 34
- Empyema, case of, 298
- Epidemic of 1851-'52, in Newton (Mass.) and vicinity, 189; in 1852-'53, 249, 275, 289
- Epilepsy, experiments to establish the truth of Dr. Marshall Hall's theory, 240; influence of posture in the treatment of, 43
- Esculapian, the, 124
- Essex North (Mass.) District Medical Society, 508
- Ethnological researches, new work on, 63
- Fame, purchased, 443
- Febrile tympanitis, pounded ice in, 468
- Female Medical College (Pa.), commencement of the, 208
- Female physicians, 66
- Fergusson's (Dr.) Surgery, 126
- Fever, scarlet, Dr. Wood's treatment of, 68
- Fever, typhus and typhoid, 369; abortive treatment of, 428; in Paris, 429
- Fingers, union after division, 329
- Foreign substance in the lung of a child, 128
- Frisselle, Dr. M. M. On impracticable theories, 21; on Rhizodontrophyo-Neurhæmaxis, &c., 415, 438
- Fungi, poisonous, 28
- Fusel oil in pulmonary affections, 404
- Galloupe, Dr. J. F. Case of hæmoptysis, 75
- Galvanism, as a remedial agent, 404; in accidents from lightning, 461
- Gillespie, Dr. W. A., on the use of nitrate of silver in dyspepsia and chronic gastritis, 197
- Glycerine ointment, formula for, 148
- Gray, Dr. J. H., accidental death of, 306
- Green, Dr. John O. Biographical sketch of Dr. Calvin Thomas, 19
- Griswold, Dr. S. H. Case of compound fracture of the skull, 22
- Gross's (Prof.) discourse on the life, character and services of Dr. Drake, 142
- Guano, for mummifying, 288
- Hæmatocele, operation for, 138
- Hæmoptysis, case of, 75; turpentine in, 488
- Hall, Dr. Geo. W. Case of cyanosis, 323
- Hall, Dr. Marshall, on the influence of posture in the treatment of epilepsy, 43
- Hamilton's (Dr. F. H.) Address, 507
- Harvard University Medical School, graduates at the, 127, 526
- Harvard Natural History Society, 525
- Hayward's (Dr. Geo.) Remarks at the festival of the Mass. Medical Society, 383
- Health of cities, 305

- Heart, wounds of the, 409  
Hemorrhage, after extraction of a tooth, treatment of, 315, 377; different modes of arresting, 500  
Henle's General Pathology, 385  
Hernia, reducible, report on the permanent cure of, 79, 102, 109; Dr. Heaton on the permanent cure of, 402; Dr. J. S. Jones on, 417, 510  
Hip joint, dislocation and reduction of the, by rheumatism, 141  
Hippocrates, proposed order of, 344  
Histology, Pathological Atlas of, 204  
Hodges, Dr. Richard M., on a new apparatus for fracture of the radius, 177  
Holmes, Prof. O. W., on microscopic preparations, 337  
Homœopathic agencies, Dr. Pallen's address on, 167; provings, 66  
Homœopathy, 39; in England, 466; its tenets and tendencies, 484  
Hooping cough and asthma, 449  
Horner, Prof. W. E., decease of, 248  
Hoyt, Dr. G. Case of empyema, 298  
Hughes's (Dr.) Lecture at Iowa Medical School, 185  
Hydrocele, operation for the cure of, 123  
Hydropathists, and Water-cure Almanac, 506  
Hydrophathy in California, report on, 428  
Hygiene, female, 244  
Hygienics, temperance, 373, 494
- Idiots, Institution for at Barre, Ms., 226  
Inoculation, bill to restrain the practice of in Canada, 488  
Insane hospitals, association of medical superintendents of, 365  
Insanity, Dr. Ray's Medical Jurisprudence of, 223  
Intestinal canal, foreign substance in the, 468  
Invalid food, 206, 265  
Iowa, Medical Association in, 324  
Iron and manganese, syrup of, 254, 301  
Italy, climate of, in relation to pulmonary consumption, 49
- Jackson's (Dr. S.) Address on Medical Education, 452, 462  
Jefferson (Philad.) Medical College, leave-taking, 266  
Jones, Dr. Jos. S., on medical testimony and treatment of hernia, 417, 510
- Kentucky Medical Society, transactions of, 286  
Kentucky, vital statistics in, 188  
King, Dr. Dan, on causes and effects of quackery, 209
- Lawson's (Dr.) Address, 84  
Lead pipes, diseases produced by, 65  
Leigh, Dr. Edwin. Philosophy of Medical Science, 69, 89, 115  
Leprosy in Norway, 41  
Liberia, colored physicians for, 264
- Life insurance, lectures on, 224  
Life, tenacity of, 88  
Lightning, injury from, 461  
Little's (Dr. W. J.) Treatise on the deformities of the human frame, 487  
Liver, diseases of the, 524; hydatids of the, 126  
London, celebrated medical men in, 40; health of, one week in May, 468; the weather and mortality in 1852, 129  
Longevity, 46  
Lord's (Dr. S. A.) Memoir of Dr. A. Nichols, 446  
Lowell (Mass.), mortality of for 1852, 127  
Lunatic asylum, in Boston, 85; So. Carolina, 208; New York, 405; N. Hampshire, 525; Pennsylvania, 145; N. Jersey, 146; District of Columbia, 205; R. Island, 166; Massachusetts, 166
- McCormac's (Dr.) moral sanatory economy, 164  
McRuer, Dr. D. Removal of an ovarian tumor, 74  
Mal-practice, causes and prevention of suits for, 525; prosecution for, 281, 304, 503  
Manikins, 444  
Marriages, births and deaths, registration of, 317  
Massachusetts, Lunatic Asylum, 166; Register, 186  
Massachusetts Medical Society, 263, 346; anniversary of, 364, 368; members of the, 307; new rooms for the, 307; petition to the, 244; Dr. Hayward's remarks at the festival of the, 383; District Medical Societies, 184, 187, 226, 347, 405, 448, 508  
Materia Medica and Therapeutics, new work on, 149  
Medical advertising, 246  
Medical Catalogue, Blanchard & Lea's, 85  
Medical degrees, claimed by colored students, 304  
Medical delusions, philosophy of, 489, 517  
Medical electricity, 446  
Medical matters at the West, 26  
Medical men, busts of, 425; eccentricities of, 423  
Medical miscellany, 27, 47, 67, 87, 147, 167, 187, 207, 227, 247, 287, 327, 367, 387, 407, 447, 467, 507, 528  
Medical profession in Paris, 108; duties, discouragements and hopes of, 404  
Medical science, 248; the philosophy of, 69, 89, 115  
Medical testimony, 345; Dr. Heaton's pamphlet considered in this connection, 417  
Medicinal agents, concentrated, 426, 473  
Medicine, action of, 367; nothing new in, 406; old school of, 246; periods for repeating doses of, 85  
Melanosis, case of in the horse, 33  
Memphis (Tenn.), health and mortality of, 485

- Meteorological phenomenon, 263  
 Microscopical Science, Journal of, 326  
 Microscopic preparations, 337  
 Miller, Dr. S. P. Sources of vitality in the teeth, 333, 357  
 Mineral Springs in the United States, 486  
 Miner, Dr. C. E., on concentrated medicinal agents, 473  
 Monster, double, cases of, 378, 431  
 Moore, Dr. Adams. Obituary notice of Dr. John C. Colby, 99  
 Moseley, Dr. N. R. Case of venereal chancre produced by sodomy, 499  
 Mother and her offspring, 202  
 Motorpathy, exposition of, 106  
 Mowe, Dr. Daniel. Treatment for hemorrhage after the extraction of a tooth, 377  
 Mussey's (Prof.) Introductory Lecture, 202  
 Mysterious agents, philosophy of, 65, 203  
 Napoleon's household physicians, 168  
 Napping after dinner, 27  
 Naval Board of Medical Examiners, 205  
 Necrosis, case of, 420  
 Negro children, Southern—pulse, cranial dimensions, &c. of, 396  
 New Jersey Lunatic Asylum, 146  
 New Hampshire Asylum for the Insane, 525  
 New York, Ophthalmic Hospital, 145; State Lunatic Asylum, 205; State Medical Society, transactions of, 324  
 Nichols, Dr. A., memoir of, 446  
 Norfolk (Mass.) District Med. Society, 347  
 North, Dr. Milo L. Annual Medical Festival of 1853 at New York, 349  
 Northern invalids at the South, 126  
 Nutting, Dr. J. H., on the philosophy of medical delusions, 489, 517  
 Obstetric Catechism, 185  
 Œsophagus, case of stricture of, 132  
 Opium eaters, in China, cure of, 88; successful treatment of, 77  
 Opium trade, 203  
 Orfila, M., death of, 268  
 Orris tooth soap, 326  
 Orthopedic Institution at Bamberg (Germany), 126  
 Ovarian tumor, removal of, 74  
 Oxalic diathesis—oxygenated bitters, 78  
 Page, Dr. Fred. B., on dengue, yellow fever, &c. 9  
 Pallen's (Dr.) Address on homœopathic agencies, 267  
 Paris (France), change in the management of its hospitals, 28; medical profession in, 108; prizes awarded by the Academy of, 108; statistics of for the month of January, 1853, 408  
 Parasites in the profession, 508  
 Parks, Dr. Luther, on tœnia expelled by kouso, 29; translation of M. Vallex's lectures on displacements of the uterus, 169, 229, 269, 318, 351, 392, 456, 513  
 Pathology, general outlines of, 65  
 Patient, a conscientious, 328  
 Patients who never pay, 528  
 Peirson, Dr. A. L., accidental death of, 306, 323  
 Penn Medical College, 204  
 Pennsylvania Hospital for the Insane, 145  
 Petersburg (Va.), vital statistics of, 208  
 Pharmacy, Mass. College of, officers for 1853, 148; practical school of, 427  
 Pharyngeal tumors, extirpation of, 313  
 Philadelphia (Penn.) College of Physicians, quarterly summary of, 85  
 Philadelphia Female College of Physicians, graduates at the, 86  
 Physicians, death of by railroad accident, 306, 323, 368  
 Physiological Institute, Ladies', 443  
 Pintos Indians, of Mexico, 148  
 Piper's (Dr.) Edition of MacLise's Surgical Anatomy, 186  
 Poison, sale of by the druggists and others, 128  
 Polytechnic Journal, 325  
 Pork, disuse of among the Shakers, 463  
 Portland (Me.) Medico-Chirurgical Society, 268, 286  
 Practice without medicine, 466  
 Precordial region, auscultation and percussion of the, 409  
 Prescriber's Pharmacopœia, 185  
 Professional qualifications, 86  
 Providence (R. I.) bill of mortality, 205  
 Public health, 446  
 Pulmonary calcareous concretions, 408  
 Quackery, its causes and effects, 209, 235, 258  
 Quacks, travelling, 486  
 Radius, new apparatus for the fracture of the, 177  
 Railroad accidents, 306, 330, 361  
 Ramsay, Dr. H. A. Experiments respecting epilepsy, 240; on the pulse and cranial dimension of Southern negro children, 396; on the use of quinine in rheumatism, 199, 263; Southern obstetricity, 121  
 Rattlesnake, bite of one successfully treated, 200, 488  
 Ray's (Dr. Isaac) Medical Jurisprudence of Insanity, 223  
 Rectum, imperforate, 445  
 Registration laws, 427  
 Resuscitation of a dead child, 60  
 Revalenta Arabica, for invalids, 206, 265  
 Rheumatic affections at la Charité, Paris, 148  
 Rhode Island Medical School, 508  
 Richardson, Dr. W. H. Obituary notice of Dr. A. Welch, 357  
 Rogers, Dr. E. C. Remarks on spinal curvature, 479; his treatise on the philosophy of mysterious agents, 65, 203  
 Rogers, Dr. M. M. Resuscitation of a dead child, 60

- Salter, Dr. Richard H., on Tully's *Materia Medica* and Therapeutics, 149
- Sandwich Islands, depopulation of the, 308
- Savery, Dr. Phineas, memoir of, 362
- Scalds, treatment of, 105
- Scarlet fever, nature and treatment of, 389
- Sepulture in London, 448
- Simpson, Dr. T. G., on galvanism in accidents from lightning, 461
- Skull, compound fracture of the, 22
- Slade, Dr. D. D. Translation of Ricord's letters on syphilis, 14, 55, 95, 134, 172, 215, 254
- Sleeves, loose, for the ladies, 48
- Small, Dr. W. B., on recovery from an over-dose of croton oil, 297
- Small-pox, increase of in Glasgow (Scotland), 265; prevalence of, 105; protection from by vaccination, 219
- Smith, Dr. Israel N. Operation for hæmatocele, 138
- Smith, Dr. James M., death of, 306
- Southern Obstetrics, 121, 139
- Spermatorrhœa, treatment of, 445
- Spinal curvature, remarks on, 479
- Spirit-rapping mania, 485
- St. Louis University, 526
- Stomach, foreign bodies in the, 300; perforation of the, 221; ulcer of the, 111
- Students, medical, on the Sabbath, 348
- Stethoscope and Virginia Med. Gazette, 65
- Stradley, Dr. J. Boring the cranium in apoplexy, 356
- Suffolk (Mass.) District Medical Society, 226, 405
- Sullivan, J. F. J. Surgical clinic at the Philadelphia College of Medicine, 199
- Sulphate of quinidin, 528
- Superintendents of Institutions for the Insane, association of, 365; journal of the transactions of the, 505
- Surgeons and physicians, liability of, 506; protected by contract, 465
- Surgical apparatus, 25
- Sweetser's (Dr.) Valedictory, 525
- Syncope after childbirth, 32
- Syphilis, letters upon, by P. Ricord, 14, 55, 95, 134, 172, 215
- Tænia, expelled by kousso, 29
- Taylor's Medical Jurisprudence, 426
- Teeth, sources of vitality in the, 333, 357, 415, 438
- Temperance hygienics, 373, 494
- Testes, excision of in a case of hermaphroditism, 180, 226
- Tetanic symptoms from the use of iodide of potassium, 348
- Theories, impracticable, 21
- Thomas, Dr. Calvin, biography of, 19
- Throat and uterine diseases, 235
- Throat instruments, 241
- Tilt (Dr.), on Female Hygiene, 244
- Tobacco-using, premium tract on, 28; beauties and deformities of, 104
- Toe-nail, inversion of, 308; operation for, 326
- Tongue, restless, singular case of, 325
- Tracheotomy performed with success, 163
- Trephining in apoplexy and inflammation of the brain, 283
- Tully's (Dr. W.) work on *Materia Medica* and Therapeutics, 149
- Turkey, operation on a, 208
- Typhus and Typhoid fever, 369; abortive treatment of, 428; in Paris, 429
- Uterine displacements, treatise on, 25; M. Valleix's lectures on, 169, 229, 269, 318, 351, 392, 456, 513
- Vaccination at Council Bluffs, 36
- Vaccine irregularities, 183
- Vases, medical, 442
- Veratrum viride, as an arterial sedative, 48, 509; in pneumonia and typhoid fever, 106, 182, 509; therapeutic value of, 430
- Veneral chancre produced by sodomy, 499
- Virginia Medical and Surgical Journal, 266
- Vision restorator, 346
- Warren's (Dr. John C.) Address, 526
- Warren, Dr. Edward, on the epidemic of 1851-'52, in Newton and vicinity, 189; epidemic of 1852-'53, 249, 275, 289; on railroad accidents, 330
- Warren, Dr. Ira, on oxalic diathesis, 78; throat instruments, 241
- Warts, a new remedy for, 466
- Welch, Dr. Archibald, obituary notice of, 357
- Welch's (Dr. Benj.) Address to the Medical Institute of Yale College, 223
- Western Lunatic Asylum, 266
- Whitwell, Dr. B. Case of necrosis, 420
- Willard, Mrs. Emma, on the motive power of the blood, 61
- Williams's (Dr.) Principles of Medicine, 523
- Winslow's (Dr.) Cosmography, 203
- Wood's (Dr.) treatment of scarlet fever, 68
- Wood, Dr. C. M. Case of melanosis in the horse, 33
- Woolspinning mills and the public health, 188
- Writers, medical, faults of, 452



the inflammation often extends more or less to that of the small intestines. The disease is not attended by a too great secretion of bile, but rather a deficiency—the discharge being slimy or mucous, bloody, and often semi-purulent. In severe cases there is generally more or less soreness perceived by pressure on the abdomen. It is often controlled or cured by opium, calomel and ipecacuanha, aided by leeching or cupping on the abdomen.

What I call epidemic colitis is in many respects a very different disease, and requiring very different medical treatment, although some remedies may be used which are proper in dysentery. I will describe its characteristics as far as my observation enables me to do so.

The first time I recognized it as differing from dysentery, was about the year 1829. During the summer of that year, there were a great many deaths by what was called dysentery about Lancaster and Guildhall, on the Connecticut river. As a great proportion of cases proved fatal, and the disease not yielding to the ordinary treatment, I understood at the time that Prof. R. D. Mussey was called, and that he made post-mortem examinations, the result of which I never learned; but at a later period I had several cases, which from report were of the same character, and which I now call epidemic colitis. Since that time I have not met the disease till within two years, unless I overlooked its true character, which I might have done. In sporadic cases of acute colitis, there is diarrhoea with slow pulse, unless there is extension of the inflammation to the peritoneum or to the small intestines, in which case the pulse becomes quickened. In epidemic colitis, dysenteric symptoms become blended with the diarrhoea ordinarily attendant on the acute—the alvine discharges partaking of the mixed character, being occasionally more free and copious, and then apparently dysenteric. Generally a copious secretion of bile is manifest in the early stage, as it is often thrown up by vomiting or found mixed in the alvine discharges. As the muscular coat of the colon is highly inflamed in the onset, the blood becomes heated and excites the liver to over action. The soreness and pain in the track of the colon is much greater than in dysentery, and there often appears a degree of hardness in the line of it. The pain from enema is much greater than in dysentery, as the inflamed muscular coat will not admit of distension of the bowel. The pulse, particularly in adults, is slower, and the circulation in the capillary vessels is impeded, the face and extremities often assuming a purple appearance. The paroxysms of pain in the line of the colon are often very severe.

The pathognomonic symptom which most decisively distinguishes this complaint from dysentery, is the early presence of bile either in the stomach or in the alvine discharges. In dysentery the irritation or inflammation being principally confined to the mucous coat of the colon, that membrane receives a great afflux of blood; but the increased heat consequent upon inflammation, is in this case spent in the mucous and bloody excretions, and is not taken so much into the portal circulation; but as there are no excretions from the inflamed muscular and peritoneal coats, the heated blood passes into the vena-portarum and acts directly as a stimulus on the liver, and it is from this cause that bile is present, often

in excess, in the early stages of epidemic colonitis. As a correct diagnosis is essential to the successful treatment of these cases, I must beg the reader's patience while I attempt to illustrate the position by a case which bears particularly on it.

In 1850 I was called to visit Dr. J. F. Skinner, of Brownington, Vt., in consultation with his nephew, Dr. S. H. Skinner. He had been sick a few days with fever. When I saw him he had rather free, but yellow discharges. His mouth was slightly touched with calomel, and there was some fulness, with considerable heat of the abdomen, and some cough. In two or three days after, the lower half of the left lung was impervious to air. On about the eighth day the inflammatory irritation became suddenly extended to the pericardium, his pulse became very rapid, and there was also some delirium. At this time my friend, Dr. Newell, of Lyndon, was also called in consultation. As there was a slight yellow tinge, we directed small doses of calomel, with cicuta and digitalis, and retired about 3 o'clock, A.M. About 9, A.M., we saw him, and a very great change had taken place. The abdomen had become enlarged, as in ascites, but there was no decided fluctuation—the sensation on percussion resembling what we might expect had the abdomen been filled with a dense fluid, like quicksilver. He had frequent mucous discharges, but unmixed with bile. It was evident that the transfer of irritation to the pericardium had wholly suspended the action of the liver, and that this enlargement resulted from engorgement of the capillary vessels from obstruction in the portal circulation. We attempted to arrest the rapid mucous discharges by opiates and astringent injections, but without effect. They were very frequent, perhaps every hour or every thirty minutes. As these discharges resulted from congestion in the mucous membrane, we were unable to arrest them till the action of the liver was restored, by frequently-repeated doses of calomel, with calomel and iodine ointment, aided by galvanism. As we anticipated, as soon as the action of the liver was restored, the fulness and sensation of weight gradually disappeared, even some hours before yellow bile was observed in the discharges.

Now this case illustrates the position which I have taken, that the irritation of the mucous membrane of the colon, attended with mucous or dysenteric discharges, has no tendency to excite the liver to action, but rather the reverse; and it is probably from this excessive secretion that there is always a deficiency of bile in the true dysentery.

As epidemic colonitis occurs sometimes in the season of dysentery, it is necessary to make a careful examination of every case, especially when we find the ordinary treatment of the latter proving injurious. I have met with cases during its prevalence in which the peristaltic action of the colon appeared wholly suppressed, as in inflammation of the small intestines, but distinguished from the latter by a slow pulse and tenderness in the region of the colon. In these cases there has been no discharge; or, if any, purely fresh blood. This condition is only relieved by the most thorough cupping, leeching and blistering, in the region of the colon. In this state I have taken blood from the arm with benefit.

It may be thought by some that this disease is simply a modification

or different form of dysentery ; but it has for its seat a different tissue, that of the *muscular* coat of the colon ; and although the mucous coat becomes more or less involved by contiguity, yet it is an entirely distinct disease, and mistakes in the diagnosis have often proved fatal, and will continue to prove so, unless it has its proper place assigned it in our medical nomenclature. Having been called, last summer, to visit a family sick with it, I pointed out to Drs. Cowles and Meigs, the attending physicians, its distinguishing characteristics ; and as Dr. M. was particularly entrusted with the charge of the case, I will let him speak for himself :—

“DR. COLBY. Sir,—In answer to your inquiries respecting the sickness in the family of David Batchelder, I beg to inform you that there were in all seven sick with the disease ; two had died previous to my taking charge of the family. Having read the article which you have prepared for the Boston Medical and Surgical Journal, I can cheerfully add my testimony to the correctness of the pathological views therein expressed. There was one of the family, a girl of 18 or 20, who continued to vomit bile at intervals for six or seven days. At the same time there was a plentiful supply in the evacuations from the bowels. There was a good deal of pain and tenderness on pressure in the track of the colon, which was only removed by free leeching, cupping and blistering. Calomel I could not use without aggravating the symptoms. Opium, in the solid form, was most to be relied on. Since treating the above cases, I have attended quite a number of others, say forty or fifty, the symptoms being of the same distinctive character as mentioned in your communication for the Journal. I saw six or eight cases last March, the same symptoms being present as characterized the cases in the epidemic last fall. Some of them you may recollect, particularly the case of a little boy, 2 or 3 years old, who died the third or fourth day of the disease, in which you were called in consultation, and in which, also, we made a post-mortem examination, revealing the true nature of the disease. In this case there was no blood in the evacuations, but frequent bilious discharges. Injections of the *mildest* character gave great pain, but did not particularly increase the tenesmus, as they do almost invariably in common dysentery. I have noticed, also, an unusual quantity of mucus, apparently of a healthy character, in the discharges, attended with very little or scarce any tenesmus.

Yours truly,

Stanstead, Canada East, July 6, 1853.

JNO. MEIGS, M.D.”

In the treatment of this disease calomel produces a very aggravated effect, whether given as a cathartic or in small doses, and this I attribute to its action on an over-excited liver or to its stimulating effect on the muscular coat of the colon, or perhaps to both. The means which I have found most effectual have been leeching on the abdomen and cupping on the back, both in the track of the colon. Bleeding from the arm is often very important. After the inflammation is partially relieved, I substitute blisters for the leeches, but over the line of the colon, and still continue the cupping on the back. If there is much heat, several thicknesses of green leaves should be applied over the abdomen ; or for the

want of them, cloths wet in some anodyne cold liquid, such as hop or poppy-leaf tea. After the inflammation is sufficiently reduced, solid opium is the best to allay the pain and tenesmus, and to check the discharges. Physic should be as much as possible avoided; and when necessary to use it, castor oil, alone or beat up with the yolk of egg in a few tablespoonsfull of spearmint tea, I have found the least irritating. If there should appear any danger of ulceration in protracted cases, I think the nitrate of silver, either combined with opium or henbane in dill, is the most effectual remedy.

In the few cases of examination after death, there has been more or less ulceration, with apparently healthy pus in various parts of the mucous membrane; and in one case nearly an ounce was found between the mucous and muscular coats. In another case the pus appeared to have formed between the muscular and peritoneal coats, and to have passed down and terminated in fistula in ano. In all cases the muscular coat showed traces of severe inflammation.

*Stunstead, July 8, 1853.*

M. F. COLBY, M.D.

#### DISUSE OF PORK AMONG THE SHAKERS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—An article appears in your Journal of the 6th inst., page 463, with the above caption. The said article says that “Shakers’ children, exposed to measles ‘among the world’s folks’ who were sick with the disease, did not imbibe the sickness, having remained perfectly well ever since.” “The reason given by the Shakers themselves why their children did not contract rubeola in this case, and why they are not liable to its invasion, is that they have never eaten pork.” I admire their wisdom in eschewing swine’s flesh as unclean, i. e., unhealthy meat; but I fear their reasoning and conclusion are based upon an imaginary theory only. If their deduction were correct, why do Jewish children and adult Israelites, who for hundreds of generations have not known the taste of pork, imbibe the disease or become affected with measles, like other sects and races who partake most bountifully of this meat? The Shakers’ reasoning partakes in an eminent degree of the physiological ideas of an eminent dentist, late of this city, who starved a rabbit forty-eight hours, then boiled a pound of green tea in a gallon of water down to a half pint—poured the liquid down the unoffending rabbit’s throat, and published this rare-bit of evidence as being a proof that tea was a deadly poison, as exhibited in the case of the unhappy rabbit that “keeled up” and died. This same eminent physiologist was in company with several professional (dental) gentlemen gathered together in the store of Jones, White & Co.’s dental depot, exchanging notes of wonderful dental operations—when the problem was started that mother Nature could be diverted from her usual physical formations by a very simple and cunning process. For example, he said—cut off a little dog’s tail, on the paternal and maternal sides, for several generations, and the canine posterity would be born (pupped) without any caudal extremity whatever. A

very lively, instructive, ingenuous as well as ingenious *conversazione* threw its volume of light upon this momentous physiological problem. The author being a capital theorist, held on to his argument with all the tenacity of a dogmatist, to the great amusement of Mr. Jones and myself. His opponents were gradually yielding ground; inch by inch they were giving way. Mr. ———'s eyes beamed triumphantly, as each moment was securing him a glorious victory—when a friend of mine, who had, with bold front, entered the physiological arena, demanded of me my opinion on the very interesting subject which was being so scientifically discussed. I quietly observed, "not wishing to place the Jewish people on a par with the subject in question, yet physiologically the facts were the same; that for four thousand years the children of Israel had performed the religious rite of circumcision, and they were still born naturally with the prepuce as before the time of Abraham and his son Isaac." The argument closed, and the meeting adjourned *sine die*.

Very respectfully, A. C. CASTLE, M.D.

New York, July, 1853.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 3, 1853.

*The late Charles Caldwell, M.D.*—From the Louisville, Ky., Courier, we copy the following synopsis of the principal events in the life of Dr. Caldwell, whose decease was mentioned in the Journal last week, together with some just comments on the literary and scientific character of that remarkable man.—"He was about ninety years of age, and probably the oldest physician in the United States, and enjoyed the greatest celebrity as a medical writer and teacher. He did more than any one to enlighten the public and the profession on the origin of yellow fever, and clearly illustrated the absurdity of quarantines. Some years before the Asiatic cholera invaded Europe as an epidemic, Prof. Caldwell predicted that in one respect cholera would prove a blessing to mankind, by teaching the worthlessness of quarantine regulations, and the vital necessity of attention to all the laws of sanitary science; and this prediction, as full and clear as the history of the epidemic can be made now, has been verified in every particular. This prophetic prediction of the venerable teacher was recently made the conclusion of an invaluable report on cholera, published by the British Parliament.

"At the commencement of his medical career, Prof. Caldwell settled in Philadelphia, and won great distinction. Among the writers and investigators of that period, Dr. Caldwell was the greatest. He towered above his contemporaries, as a tall monument springs from the plain.

"In addition to Dr. Caldwell's luminous and voluminous labors upon all the important questions of medical science, all subjects of public interest felt the benefit of his intellect. His papers on Quarantines, Malaria, and Temperaments, are among the best in the English language on those topics. His treatises on Physical Education, on the Unity of the Human Race, and on Phrenology, have rarely been equalled. Every thing he

touched he adorned. We doubt whether the English language contains a biographical sketch equal to Dr. Caldwell's tribute to Fisher Ames, published in the American edition of Rees's Encyclopedia. A recent edition of his work on the Unity of the Human Race, displays a remarkable instance of intellectual vigor in one who had passed that period at which mental power usually begins to falter. In that work Dr. Caldwell reviewed a recent work on the Races by Dr. Knox, of England, and the criticism is one of the ablest and most conclusive we know of. Quite recently, Dr. Caldwell published a paper in the *Western Journal of Medicine and Surgery* on Liebig's theory of Animal Heat; and the distinguished Professor of Giessen has not received such a blow from any other quarter. But time and space would fail us if we were to attempt an enumeration in this paper of the works of Professor Caldwell.

"The great reputation of Dr. Caldwell as a medical scholar, teacher and writer, induced the friends of western enterprise in medical teachings, to invite him, about 1818, to a chair in the Transylvania School of Medicine. He accepted the trust, and entered upon the discharge of its duties with a zeal, intelligence and power that were determined to know no such thing as failure. He was the bright particular star of Transylvania, and during his connection with the institution it prospered. The labors of himself and of his colleagues, who caught inspiration from his example, made the Transylvania School of Medicine equal to any in the Union, and he had much to do with its proud pre-eminence.

"When he discovered that the spirit of the age demanded means for clinical instruction, and a larger field for medical observation than a village could furnish, he promptly entered into arrangements for transferring the Transylvania School to this city. Upon the failure of that attempt, he entered zealously into the project for establishing a school of medicine in Louisville, and by his labors, talents and eloquence, the project was forwarded. And to the same great powers the school was mainly indebted for its remarkable success.

"Dr. Caldwell was one of the most temperate men we have ever known. His science enabled him to keep a true sentinelship over his appetites, and the result was an exceedingly long life, far beyond that allotted to man by the royal Psalmist, with an almost entire exemption from sickness. Even in the closing scenes of life, disease did not invade his frame. He was nearly free from physical suffering; all the functions of his system were as well performed on his death-bed as during his highest health, and his mind was clear to the last. His life and death are impressive commentaries upon the truth of physiological doctrines, which he taught for half a century, and by which he regulated his life and ordered its last scenes."

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*Philosophy of Mysterious Agents.*—A handsome duodecimo volume has made its appearance, from the press of Jewett & Co., of this city, by Dr. E. C. Rogers. While a series of numbers which compose the work before us, were passing through the press, free remarks on the ability of the author were made in this Journal. It was then, as at the present moment, our conviction that he had gone quite beyond the ability of the multitude to understand him. The silly mania that now extends over the civilized world in regard to table-rappings, is mainly confined to circles of very imperfect reasoners. They are struck with what appears to be a great mystery, because it affords an undefined pleasure, nor would they have the

wonder cleared up if they could. The masses believe, but few really understand how unreasonable it is to do so. For that small number, Dr. Rogers will always be a delightful companion, while the millions will neither understand nor care for his erudite researches.—Appended to this ably conducted investigation, and within the same cover, is a new production, called “A discussion on the automatic power of the brain—being a defence against Rev. Charles Beecher’s attack upon the Philosophy of Mysterious Agents, in his review of Spiritual Manifestations.” In this, also, Dr. Rogers shows himself a true philosopher. Psychologists of the rational school will find food for themselves in this treatise. He dwells upon the soul’s locomotion, and plunges into the deepest waters to explain, upon well established principles, phenomena that pass among men for astonishing exhibitions of the spirit world. As there is but little for the purely medical man to study in this work, we must leave it, with the remark that the author has shown himself a metaphysician of no ordinary distinction, and one who is abundantly able to grapple with the most abstruse and difficult problems in philosophy.

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*Fracture Tables.*—A supplement has been added to the elaborate tabular memoranda by Dr. F. H. Hamilton, of Buffalo, by Dr. John Boardman, comprising, in all, an analysis of *four hundred and sixty-one cases*. All who have any thing to do with fractured bones, will find this pamphlet of the highest value to them. It is really a text for a great book, which somebody may by and by complete. Some of the tables comprise nine columns:—in which are the name of the bone fractured; point of fracture; character of fracture; patient’s name; his age; time since it occurred; united or not; amount of shortening; and perfect or imperfect condition. Foot notes explain, in a succinct manner, the peculiarities of each patient, and it is mentioned what kind of apparatus was resorted to, when used at all. The fracture tables of the skull bones are minutely drawn, and afford a great deal of encouragement to the surgeon, who by consulting them will be able to determine, pretty accurately, the chance for his patient, if the accident bears any analogy to those here presented. Dr. Boardman’s industry is apparent. The first edition was considered excellent, but this is superior. Dr. Hamilton must have had an immense amount of surgical practice. Older operators, on the Atlantic border, could hardly match him with numbers. Dr. Hamilton dedicated the first issue to his sons. This is a touching evidence of parental affection. May they follow in the footsteps of their father, and thus secure to themselves the respect and admiration of all good men. As four copies of these tables can be had for the small sum of twenty-five cents, we recommend all who have a particle of interest in this branch of surgery, at a period when a resort to prosecutions for mal-practice has become a mania, to procure, by mail, Dr. Hamilton’s useful pamphlet.

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*Asylums for Persons of Unsound Mind.*—A treatise by John M. Galt, M.D., of the Eastern Lunatic Asylum, Williamsburg, Virginia, has been received. The writer is well known to professional readers throughout the country, and hence his essays will be sure of a perusal. The leading article is on *reading, recreation and amusements for the insane*. It appears that Dr. Galt was selected, by the Association of Superintendents of Asylums, in 1847, to prepare a report on the above subjects, which he present-

ed to the Association in the following year. To that paper has been appended another *on the Lincoln Lunatic Asylum*, and the two, united, constitute a pamphlet of forty-four well-printed pages. The latter paper is a critical analysis of the internal administration of an English institution, in management of which Dr. Galt admires the spirit of progress. As this class of writings, since the treatment of insanity is reduced to a system in France, Prussia, Austria, Great Britain and the United States, have assumed an important character, Dr. Galt's pamphlet will doubtless be called for.

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*Abortive Treatment of Continued Fever.*—An article of thirty pages by our friend, E. D. Fenner, M.D., of New Orleans, in the Medical Journal of that city, on the above named subject, is no every-day undertaking. He commences by an examination of the comments, in several Journals, on his views of this *abortive* treatment. He will, perhaps, feel called upon to look after other commentators—one article having already been received for insertion in this Journal. Dr. Fenner is a strong man, and abundantly able to sustain himself under all circumstances, though surrounded by an army of medical critics.

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*Sale of a Valuable Cabinet.*—At Greenfield, Mass., on Wednesday, September 21st, there is to be a sale at auction of an immense collection of curiosities, which to naturalists may be considered almost invaluable. As physicians, more than other professional gentlemen, cultivate natural history both as a recreation and an accomplishment, this reference to the proposed sale will be in season to give those at the remotest parts of the country an opportunity to send on orders or procure catalogues, with a view to selecting articles. The collection is probably the richest in America, in ornithichnites. One stone slab, 10 feet by 6, is covered by foot-prints of birds arranged in determinate transits. Two of them are ten inches in length, with a stride of 3 feet 8 inches. The impressions are without blemish, and the specimen has been appraised at \$350. Another slab is set down at \$150, a third at \$75, and so on. Several remarkable specimens of quadrupedal foot-prints, besides an extraordinary collection of fossil fishes, minerals, shells, and miscellaneous objects of equal interest and value, are included in the list.

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*Portable Water Closet.*—The comforts of life seem to multiply with the increase of population. The sick and disabled are cared for under all imaginable circumstances. Bedsteads, with cranks to raise or lower a single limb, or the whole body, are common. Elevators, for suspending patients in the air, in order to change the bedding, &c., are also among the modern improvements. Mr. Pearson, of Boston, an ingenious man, has invented a piece of furniture which combines an easy chair and cabinet. To attempt a description, would be a waste of labor. It must be seen, to be appreciated. In hospitals, there are conditions, in the history of cases, in which this device would be valuable above price. In private houses, too, but especially in the apartment of a debilitated invalid, it would be considered indispensable after having once had its excellencies demonstrated by a single day's use. At Buckley & Bancroft's great warehouse, corner of Beach and Lincoln streets, specimens may be examined.

*Dr. Cartwright on Temperance and Dr. Nutting on Quackery.*—The reader will find, in to-day's Journal, the conclusion of Dr. Cartwright's series of papers on the hygienics of temperance. If we are not much mistaken, these papers will at once take rank among the most important statistical documents before the public respecting the effects of alcohol. The writer's literary talents, and his standing as a man of probity and a physician, impart additional weight to his statistics and his arguments; and these, under the influence of his ardent temperament, are invested with a charm and freshness seldom infused into productions of the kind.—Dr. Nutting's essay, the continuation of which is crowded out of our pages to-day, was originally intended for a more popular destination; and such it is still intended to give it after its publication in the Journal. It will be found to be a carefully-prepared treatise, written with much ability, and setting forth the true sources and effects of medical delusions in a manner well calculated to influence the minds of many out of the profession. Physicians will have an opportunity, and they may feel it to be their duty, to aid in circulating it in their neighborhoods.

*Bristol District Medical Society.*—The following is a corrected copy of one of the resolutions of this Society, inserted in the Journal of June 29th, and respecting which a correspondent has since made inquiries.

"That in the opinion of this Society it is doing injustice to censure 'Thomsonians,' empirical oculists,' &c., or those who consult with outside empirics, while the parent Society *retains* in full and honorable communion, a class of Jesuitical deceivers in comparison with whom all other empirics and mountebanks are entitled to the most profound respect."

Dr. John M. Todd, of Monongahela city, relates that a new section of bone has been re-produced, in place of a piece taken away by a surgical operation in a boy's jaw, and that new teeth are being developed from the new bone.

ERRATUM.—In the last number of the Journal, page 512, line 15 from bottom, there should be a comma instead of a period between the words "action" and "Radical," and the word "even" should be introduced in the next line before the word "if."

TO CORRESPONDENTS.—Since our last issue, papers have been received on the Pathology of Poisoning, and a case of Foreign Body in the Windpipe.

MARRIED.—D. W. Jones, M.D., of Rindge, N. H., to Miss M. M. Ayler.

DIED.—On the home voyage from California, by accidentally falling overboard, Dr. Carroll.—In Richmond, Va., Dr. Robert Butler.—At Amherst, Mass., Dr. John S. Blodgett.—At Baltimore, Dr. John B. Wells, late of the U. S. Army.

*Deaths in Boston* for the week ending Saturday noon, July 30th, 113. Males, 57—females, 56. Accidental, 1—inflammation of the bowels, 12—disease of the bowels, 3—inflammation of the brain, 4—disease of the brain, 3—consumption, 12—convulsions, 3—cholera infantum, 6—colic, 1—cancer, 1—dysentery, 7—diarrhoea, 1—dropsy, 2—dropsy in the head, 4—infantile diseases, 15—puerperal, 1—typhoid fever, 1—scarlet fever, 2—hemorrhage, 1—hooping cough, 3—disease of the heart, 1—inflammation of the lungs, 1—marasmus, 2—measles, 3—old age, 3—palsy, 3—rheumatism, 1—scrofula, 2—inflammation of the stomach, 1—teething, 8—thrush, 1—tumor, 1—drowned, 2—unknown, 1.

Under 5 years, 70—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 8—over 60 years, 12. Born in the United States, 89—Ireland, 19—England, 1—British Provinces, 2—Germany, 1—Sweden, 1. The above includes 9 deaths at the City institutions.

[We cheerfully accede to the request of the Secretary of the meeting alluded to below, and give place to its proceedings. The measure proposed, as a tribute of respect to the memory of two of our most eminent deceased medical men, is a very proper one, and we hope will be carried into effect.]

*Tribute to the Memory of Drs. Chapman and Horner.*—Pursuant to a call made by several of the physicians of Mobile, quite a large meeting of the graduates of the Medical Department of the University of Pennsylvania was held at Dr. Lee Fearn's office on Monday morning, the 18th inst., to express their sense of the loss that the Profession of Medicine has sustained in the recent death of Professors NATHANIEL CHAPMAN and WM. E. HORNER, and to devise some method of paying a lasting tribute to their memories.

Dr. S. Mordecai was called to the Chair, and Dr. Geo. A. Ketchum appointed Secretary.

On motion of Dr. John P. Barnes, a committee of four was appointed to draft resolutions and propose a plan of accomplishing the objects had in view. The Chair appointed the following committee:—Drs. John P. Barnes, R. Lee Fearn, E. P. Gaines, and Geo. A. Ketchum.

At a subsequent meeting, held on Tuesday, 19th instant, the committee reported the following preamble and resolutions:—

*Whereas*, It hath pleased Divine Providence to remove from the sphere of their usefulness, our much respected and honored instructors, Drs. Nathaniel Chapman and William E. Horner; and whereas, in our opinion, such services as they have rendered the cause of Medical Science and our "Alma Mater," deserve some especial and lasting tribute; and whereas, it was our peculiar privilege to receive instruction from their lips, and to have held up before us their bright examples of zeal and devotion to their profession, and high and honorable conduct in their private life—feelings of respect and esteem for them, and pride for the Science which they have so honored, have prompted us to meet together to give form and expression to the sentiments that fill our hearts in view of the bereavement that their deaths have occasioned. Be it therefore

*Resolved*, That in the death of Professors Nathaniel Chapman and Wm. E. Horner, our time-honored Alma Mater has lost two of its most indefatigable teachers, the city of Philadelphia two of its most respected and esteemed citizens, and the Professors of Medicine two of the most zealous contributors to the facts upon which that Science has erected an enduring foundation.

*Resolved*, That as former pupils of these distinguished Professors, we especially know how to appreciate the loss that our profession has sustained—and though we know that the rich treasures of knowledge that they have left as a legacy to Medical Science will perpetuate their names as long as the truths of that Science last—still we, the Alumni of the School, with whose glory their names are so inseparably entwined, would do something more to place their services and their virtues as a shining mark by which to direct the steps of future aspirants for the honors and the fame which reward the zealous, the industrious and the faithful in our noble Science.

*Resolved*, That in furtherance of the above resolution, we do hereby call upon the Alumni of the Medical Department of the University of Pennsylvania throughout the world to contribute the sum of ONE DOLLAR each, on or before the 25th of December next, to defray the expense of erecting a suitable monument to their memories, in the University yard in Philadelphia—that such contribution be sent to the Dean or any member of the present Faculty, to be used by them for that purpose so soon as, in their judgment, a sufficient sum shall have been received.

*Resolved*, That all Medical Journals and all papers which may approve this object, be requested to give the action of this meeting publicity, and to further the objects of these resolutions as much as may be in their power.

*Resolved*, That a copy of these proceedings be sent to the respective families of the deceased, and to the Faculty of the Medical Department of the University of Pennsylvania.

GEORGE A. KETCHUM, Sec'y. S. MORDECAI, Chairman.

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## DR. NUTTING ON THE PHILOSOPHY OF MEDICAL DELUSIONS.

[Continued from p. 523, vol. 48.]

ANOTHER source of quackery and delusion is found in the *Mystery*, in which regular physicians, even, have chosen to enshroud the whole subject of medicine. The time is hardly past, when the doctor could tell his patient, as Meg Merrilies told the honest Domine Sampson, when she offered him her devil's broth, and he hesitated to drink, "Gape, sinner! and swallow." He gave no reasons, and explained none of the phenomena of disease. The whole process of cure was, both to the patient and his friends, buried in darkness. That pertained to the physician alone. As in necromancy and the black art, with which medicine is always associated among savage and half-civilized tribes, none but the initiated could know its secrets. A grave look of profound wisdom, with full wig and cane, and barbarous Latin prescriptions, completed the doctor. By this means he often doubtless gained a reputation for almost superhuman skill, but it was quack reputation, and quacks were not slow to avail themselves of it.

The common people, however, would have their *theories*. Having no knowledge on which to base them, they were often of the most fanciful character. They were ready to believe anything, which promised to give them an insight into the mysteries of medicine, of life, disease and death. Crafty men were ready to take advantage of this, and though ignorant as the mass, contrived, by loud-sounding words, to involve them in greater darkness than before, and yet persuade them they knew it all. In consequence, quackery flourished, while the regular physician was neglected. But a change has taken place for the better. The Young Physic, as Dr. Forbes styles it, discards the cloak of mystery. Anatomy and physiology are now popular studies. In some States, even, free provision is made for dissection, and the student is no longer obliged to steal away in the darkness to his work; nor as he goes to the bedside of his patient, does he feel that his stolen knowledge must be kept locked in the recesses of his own bosom. It is now deemed the business of the physician to enlighten the mass, on the laws of health, and the structure and functions of their physical system. It is to this change, that I look with strongest hope for the overthrow of quackery,

whether in or out of the regular profession; and for the establishment of correct views among the mass of people.

I have thus pointed out some of the sources of delusion. There are many more which might be mentioned, but space forbids. I shall therefore pass to consider some of the delusions arising from them.

We have, as a result of false medical reasoning, a thousand inert or positively injurious drugs, each of which is deemed a panacea, because in a few cases they have been given and the patient has recovered. It was so in the famous cure for hydrophobia, which the State of New York purchased of one Couch for a large sum. The remedy was a compound of not only inert substances, but of some whose use was absurd. Thus, as the disease was caused by the bite of a dog, the bones of a dog were added to the compound, probably on the maxim, that "the hair of the dog would cure the bite." The only active ingredient in it was the acetate of copper, which, now that it is known, is reckoned by no means as infallible, either as a preventive or cure. It has been "*post hoc*," but they have concluded it "*propter hoc*." We have seen the end of a thousand cures for consumption. The physician prescribes phosphate of lime now, on the same ground his fathers did Berkeley's Tar Water, and hardly with better effect. The homœopath gives his globules, and with them a correct regimen, and the patient recovers. The patient concludes, and perhaps the doctor also, that the globules effected the cure; while, in fact, they only amused the patient and nature performed the cure. The globules, of course, had no other effect, as we shall see.

Another evil resulting from this, is found in the undue value set upon experience, and by this is commonly understood the length of time a man has been in the profession, rather than his thorough and successful acquaintance with disease. But individual experience, unless corrected by a candid and thorough comparison with the experience of others, can be of little value. Besides, individual experience may be wrong, and then the longer it has been continued the worse it becomes. Hence it is, that routinist practitioners bring the profession so much into contempt with the thinking portion of the community. Nor is a *small share* of the blame for the prevalence of quackery, justly due to those members of the profession who trust so much to their experience, and neglect a thorough study of the principles of medical science and practice.

But while an extensive experimental knowledge of disease is not to be undervalued, I can readily conceive that a man of limited observation of disease, shall yet, by a thorough acquaintance with the observations and practice of others, have really a better and wider experience of disease, than one who has spent a whole lifetime in practice. He makes the experience of others his own; and when this is based on a thorough acquaintance with the sciences that lie at the foundation of the medical art, he becomes far less liable to make errors in diagnosis, or practice even, than many whose heads have grown grey in the use of their individual experience.

The difficulty of determining the exact nature of a disease, is a prolific source of error. It is *like* such a disease, say the mass, and therefore it is such a disease. But the educated physician judges of a dis-

ease, rather by its differences, than its resemblances, and his superiority consists largely in this. Hysteria assumes the form of almost every disease, and the mass pronounce it these in turn. But if it assumes the form of pleurisy, as it often does, and the use of ether or assafoetida cause it to pass off, it by no means follows that these drugs will cure pleurisy. Yet thousands of our popular remedies, and some even in the profession, rest on no better evidence than this. The popularity of the "tractors," and homœopathy, and hydropathy, and a thousand others whose names are found only on the list of past delusions, arose in part at least from this source.

A well-educated physician knows the extreme difficulty of determining the disease, in many cases. He knows the close resemblance of one disease to another, and that none but a well-disciplined mind can distinguish between them. When, therefore, men ignorant of the distinctive characters of disease, and of undisciplined minds, as those termed quacks usually are, give reports of cases, and wonderful cures, the educated physician cannot rationally receive their testimony, nor ought he to be judged unfair or prejudiced if he do not. In the judgment of the latter lies the safety of the common people, and it would be well for them to heed it.

The errors arising from the difficulty of determining on the results of treatment, have already been alluded to, in connection with those arising from the nature of medical reasoning. But these errors are greatly increased by a disregard of the fact, that few of our diseases tend to death. This is true of a large portion of them, not excepting even consumption. Many cases of this, even, recover, though few are *cured*. Hence, it by no means follows, if a patient does not die, that therefore he is cured. Most of our acute diseases tend ultimately to recovery, though the system often succumbs to the violence of the attack ; or if it survives that, may be worn out by the irritation excited by it. Still more do fevers tend to recovery ; so much so, that a medical writer quaintly remarks, "I don't like fever curers." They will get well, and the accidents accompanying them may be cured, but the fever itself is not often cured. In such cases the honest doctor will say, with one of old, "I cured him, but God healed him" ; or, what is equivalent, I took care of him, and Nature effected the cure.

It may be proper here to consider the mode of reasoning commonly employed respecting the success of quacks.

If a scientific man proposes to perform any wonderful experiment on acknowledged scientific principles, the process is carefully watched, and any failure is at once noticed. It is assumed he has no right to fail ; and if he does so, it is marked as the exception. But if a quack proposes to accomplish any similar result by means of some mysterious or unknown power, there is so far a tacit admission of an expectation that he will fail, that if he do not, it is marked as the uncommon exception. Hence in the former case, the successful experiments are forgotten as things of course, while the failure is long remembered. In the latter case, the failures are forgotten as things expected, while the single instance of real or apparent success is the theme of every tongue. A regular phy-

sician may treat a hundred cases of dysentery with success, and it will be hardly noticed. But if he lose a few, the whole quackish class are in an excitement. Yet if a quack fail to lose a few, though he may have lost scores, no one knows that he ever had any cases but those that recovered. Let a juggler announce that he will perform wonderful feats by sleight of hand, and all will judge accurately enough of his performance. Were he to fail, he would hardly possess craft enough to save his reputation. But let it be announced that he will perform his tricks through some supernatural agency, or some new and wonderful operations of magnetism, and few will be in a condition to judge correctly of his performance. So intent are they on seeing something wonderful, that they will not see the common-place failures; and hence if he fail, all he has to do is to ascribe it to some freak of the spirit, or some disturbance of the magnetic currents. No one will detect the fraud, for every mind is filled with the idea of witnessing some marvellous thing, and to gratify this desire they are content to be humbugged. This species of reasoning is common to quackery in medicine, science, religion, and in short in everything.

There is one point further, connected with this part of the subject, on which a few words may not be improper; and that is, the practical estimation in which physicians and medicine are held.

Let a physician oppose a quack or quackery, and the reply from a large class is, "Your craft is in danger, and therefore, like Demetrius of old, you cry, 'Great is Diana.'" This reply contains a barefaced imputation of baseness in the physician. He is charged with having no regard but for his own selfish interests. But the character of the profession has not been such as to expose them to such a charge. Next to the accredited messengers of the gospel, have they contributed to the good of the race, exclusively of their professional labors. Nowhere are more eminent examples of piety to be found, than among them. In no other profession have so many sacrificed their lives and health for the good of the race. Others might preach on the duty of ministering to the sick, poor, degraded and destitute; but for them has it been reserved, in a preëminent degree, to practise that divine command. Further, as a class, the regular physicians have ever been in advance of public sentiment on all questions of health and medical reform.

But this reply involves another principle, which quite as nearly concerns the honor of the profession. On a question of law, a lawyer's opinion is the ultimatum, and it is conclusive in proportion as he has thoroughly studied law. The same is true in every other profession and business. It is supposed, in these cases, that those who have made a particular branch of knowledge their study, are the only competent judges in what pertains to that. But in respect to medicine, this principle is denied. The fact that a physician has spent years in patient study, with a large class gives his opinion no claim to consideration. The opinion of any quack, who but yesterday left the care of his stables and his horses, is esteemed above it. Any man, even, of this class, holds himself fully competent to decide a question of this kind, in opposition to the opinion of the physician. But scientific physicians are the only

men competent to decide on medical theories and practice, and questions of health and disease. And the experience of the world thus far has fully proved it. Few *improvements* have been made by quacks ; and those innovations which have been claimed as such, and been opposed by the regular physicians, have in the end proved not only worthless, but merely schemes for defrauding the sick and ignorant. Quackery, unless for a display, has no ear for the cry of suffering, till it has first been awakened by the ringing of the precious metals. To the regular physician, the poor are ever present, and their cry is heard. But it matters not that these things are so ; that thousands of lives are sacrificed to the ignorance of quackery, and millions of money squandered for medicines which are productive only of injury ; nor that men of the highest character for intellectual and moral worth, have not only found abundant evidence of the truth of the principles of the regular system, but have devoted a lifetime of earnest labor to the elucidation and confirmation of them : an ignorant peasant, and an idle dreamer of Germany, a visionary of Sweden, and an illiterate quack of our own country, have brought out systems, not only physiologically absurd, but contrary to the commonest dictates of ordinary intelligence, which have been received as of infinitely more value than this. That Thomsonism should have become popular, is not strange, for it exactly suited the pride of ignorance found in the lower classes of society. But it was not to be expected, that a system of medicine, resting on such a basis of observation, experiment and reasoning, by a series of men in successive ages, preëminent alike for their honesty of purpose, and superior mental endowments, should be rejected, and that, too, by liberally-educated men, for such fantastic dreams as those of Hahnemann and Priessnitz, which rest on the observation of but few men, if even they have so much of foundation, and those not such as would be trusted in the ordinary affairs of life. With the same propriety with which a clergyman sneers at the regular system of medicine and defends any of the mushroom systems of the present day, may the physician sneer at orthodox theology, and defend spiritual communications, and Mormonism, or the foolish rantings of Jack Davis. He who denies the evidence on which the regular system of medicine rests, denies the evidence on which all truth must rest. He who adopts homœopathy, adopts it on the same evidence on which another adopts Mormonism, and he adopts it with the same evidence against him. Medical science rests on a broad induction of facts, so varied in their mode, and the persons and circumstances of the observers, as almost to prevent the possibility of error. The system has grown up from the facts, and not before the facts were observed. In natural religion, the moral facts of the universe are first observed, and the system deduced from them. It differs in this from all false systems of religion, for in these the system is first formed, and the facts warped to suit it. The regular system differs from quackery in the same respect. For what facts did Hahnemann observe before he formed his system ? or Priessnitz, or Thomson, or Perkins ? Each formed his system first, and then tried to warp facts to match it. But each has failed to accomplish this, and hence the advocates of the several

systems have modified their theories, while they have retained the name. What Thomsonian follows the principles of Thomson ; or homœopath, of Hahnemann ? All these have stolen from the regular system all that gives stability to theirs ; just as the false systems of religion of the present day, steal from the Bible all the truth they contain. A knowledge of the origin of the quack systems, would be sufficient to convince any rational person of their falsity, without a particular knowledge of their doctrines or results. Besides, the principles of medical science have the accumulated testimony of ages in their favor ; while not one of the quack systems of the present day, has *even existed* for half a century, much less received any great amount of testimony in its favor. The history of the present quack systems is so far the history of a host of others, which are now known only as things that were. Resting on the same basis as these, claiming the same powers, and having the same early history, it needs no prophet's ken to foresee for them a similar end.

Another favorite idea with many, is, that medicine is wholly unnecessary, if not poisonous. "Doctors kill about as many as they cure," is a common remark with them. It will be found that those making this remark have usually a much better acquaintance with the practice of ignorant quacks, or of the least educated in the profession, than with that of those thoroughly educated, and that they and their families are usually healthy. Sickly people too often place an undue dependence on medicine, and these, even, when sickness and death menace are ready enough to use the physician's skill and resources.

Of this class there are several species. There are those who have never been sick, and who, by virtue of a good constitution, are able to indulge their appetites to a considerable degree, and are yet free from disease. These are the *free-thinkers* of medicine. They have an equal contempt for physicians, medicine, and the laws of health. But it is evident that few can belong to this species ; and that their independence of doctors and medicine is due solely to the accident of a good constitution.

Another species are great theorists. They believe in the perfectibility of man's physical system, just as a corresponding class in morals believe in the perfectibility of his moral nature. They lose sight of the grand facts, that man's body contains in it the seeds of disease and death, even from the earliest development of the germ ; that the powers of life are enfeebled by this hereditary taint, and that often they will succumb to the onset of disease, long before the three score years and ten are reached ; and that, although correct habits of life may much better enable the system to bear up against the combined influences of hereditary predisposition to disease within, and noxious elements without, yet these onsets are often so sudden and severe, that, unassisted, the powers of nature give way, and the body sinks into the grave. That a strict adherence to the laws of health is of the utmost importance, none will deny. But what are the laws of health ? Are they a code of laws, drawn up by the hand of Infinite Wisdom, or are they the imperfect results of human inquiry ? Hence what are now denominated the laws of

health, by further research may be greatly modified. Nor is there such an invariable condition of our physical systems, that any fixed laws could be applied to all. That the Italian Cornaro attained a great age as the consequence of his abstemious life, proves nothing for another; for thousands have been equally abstemious, without the same result. The same abstemiousness may even shorten the life of one whose constitution, from its native weakness, needed stimulants. Many may be found who have passed the four score years, and even reached the fifth, who have no more thought of the laws of health than of those which bind the planets in their order. The general laws of health must be modified to suit individual cases. Much less can a special code be formed which shall suit every one. Those laws of health of which we hear so much, are usually the whims of individuals, who adopt them, and before they have stood the test of a half score of years proclaim their boasted success to the world, and ensure long life to all who follow them. Were they to wait till they had celebrated their hundredth birth day in consequence of following their theories, we should lose all this sage council upon the laws of health, and the perfectibility of man's physical nature. Not but that sickness might often be avoided by a strict compliance with the laws of our physical systems; but while man remains a tenant of the flesh, some remedy for sickness will be demanded. Medicine has fully sustained itself as an agent capable of lessening human suffering and preventing the fatal effects of disease. While, therefore, a compliance with the laws of health, not the whims of theorists, should be enjoined, a careful and proper dependence on remedial means ought not to be disregarded.

Another class, closely allied to the preceding, adopt the notion that every man may be his own doctor. Of these, some have seldom, if ever, been sick. The slight disturbances of health which have occurred to them, have been readily relieved by simple domestic remedies, or by abstinence, or by the unaided efforts of nature. Hence, adopting the common fallacy, that a man's experience furnishes him not only with the best information, but with nearly all that can be obtained, they conclude they have felt nearly all the sickness men usually feel, and that as they have recovered without help, all others can. But we may apply the verse of Dr. Young, on the power of sickness to convince atheists of their error, with equal propriety to these. "A fever reasons better than a Clarke" to the atheist, or a Galen to one holding this idea.

Others of this class have an innate quackery. They aspire to be universal geniuses, and are ready for anything. Law, politics and religion, the workshop or the sickroom, are equally the fields in which to display their prowess. It is a great thing to treat disease successfully, but they can do it as well without study and training, as the physician with. Hence they are the greater men. Such are sometimes sick, and wo to the luckless physician who attends them. They soon discover that the physician knows nothing about their case, and dismiss him, or set aside his medicine and prescribe for themselves. Then the field is open to exhibit their own skill. The doctor can do no good, and they set about effecting their own cure. At length they recover, and are then fully

competent to treat their own sickness, and unfortunately think they are to treat that of others.

Another portion of this class, and these are the most reprehensible, are physicians, either in the regular profession, or in some of the outside systems. They have entered on the profession either for gain, or distinction, and find that in the regular course, neither can be secured without a patient and faithful performance of the duties of the profession. But they have neither the ability nor the patience to acquire it in this way. A shorter passage must be found, and none more convenient offers than that common resort of quacks, to persuade the mass that they can initiate them at once into all the secrets of medicine, and give them all the skill and power the physician has acquired by years of toil. They ride into popularity on this, but are always careful to secure good fees for the information thus communicated.

Of this idea, no further refutation is necessary than to call attention to the remarks already made on the difficulties in the way of a correct treatment of disease, and the wide field of knowledge necessary to be explored before one can meet these successfully.

[To be concluded next week.]

#### ON IMPROVEMENTS IN MEDICAL PRACTICE—CONCENTRATED MEDICINES, &c.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The following remarks of yours occur in the number of the Journal for June 15th:—"There are conservatives in the medical ranks, as well as among politicians, who are perpetually saying in effect—'pray, gentlemen, let well enough alone.' Thousands of physicians neither think nor explore beyond the chart placed before them in the books. They have a distaste for innovation, and would much prefer to live out their three score and ten years in the happy conviction that Cullen's Practice and Mothherby's folio dictionary embody all that is worth knowing in the divine art of healing." These remarks called up something like the following ideas in the mind of the writer. How dares the editor talk so? Is he not afraid he will lose *caste*? To break from the ranks of a political party is sure and certain death, so far as that party can kill; and will it be a less venial offence to intimate that there are "thousands" of this *stand-still* class in the ranks of the medical profession? Surely, Mr. Editor, you did not well consider what an army you would find in array against you. Then, in the number of the Journal for July 14th, you have re-published an article on Inhalation in diseases of the Air Passages and Lungs, from Dr. Turnbull, of Liverpool. Now, when the writer of this, some three years since, furnished some articles for your Journal, upon Inhalation of Powders and Gases in these diseases, with a somewhat lengthy account of what had been done within fifty years to introduce this practice; while a few made trial of the plan suggested, the very numerous class of conservatives (I would prefer to give them a different name, and would call them *stand-stillatives*)

intimated that "many racked their brains in vain to get up *powders* and *gases* to inhale to cure these diseases." The ideas contained in Dr. T.'s paper are reasonable, but he has made but little if any advance upon others who had preceded him, such as Snow, Crichton, A. T. Thompson, Clark, &c., to whom he has given due credit.

Whatever ground may be taken by "thousands of physicians" against a practice of this kind, we venture the prediction, that if any improvements are made in the treatment of this class of diseases, we are to look for them in this direction. The remedy must, in some measure, be applied to the diseased organ. We do not mean, by thus saying, that in phthisis, for instance, no general or therapeutic measures are necessary, but simple inhalation. To say this would manifest that we knew but little of the nature of phthisis pulmonalis. But we do mean, that, where, under general treatment, there are appearances of amendment, much aid may be given by the inhalation of proper agents.

Many can bear testimony to the beneficial effects of the powders composed of lycopodium and nitras argent, as recommended by us in a former volume of this Journal. When the disease has been in the larynx, trachea and bronchial tubes, it has often done good service.

In real phthisis, where tuberculosis has become active, it is, of course, not expected by physicians that, ordinarily, much improvement will take place under any mode of treatment now known. Yet it is known that, even in these cases, nature sometimes accomplishes a cure, and remedies seem to act beneficially.

But a short time since, the writer had under his care a young man who appeared to be fast sinking with phthisis. The cough had become loose, and expectoration of very adhesive tubercular pus was profuse, with night sweats and flushings, and every symptom of this alarming disease. Under the following prescription he immediately began to amend, and is now (only two months since he commenced the use of the medicine), quite free from cough and expectoration, and has gained flesh and strength:—R. Oleum jecoris aselli, ℥ iv.; syr. cortex aurantii, ℥ ij.; aqua anisi, ℥ ij.; ol. calamus, gtt. vj. M. This medicine, to my knowledge, has been given in many other cases in which the symptoms so nearly resembled this, that "*one* could not be told from the *other*," without the least benefit. It is a remarkable fact, that the oil operates like a charm in some cases, and does not do the least good in others.

No one supposes that inhalations will benefit every case; but if they are useful in one case in ten, the physician is bound to try them, in a disease where frequently no remedy avails in restoring health.

I have been, for some time, using the *concentrated medicines of Keith & Hendrickson*, referred to by yourself some time since, and by Dr. Miner in the No. for July 13th. I have found them convenient and useful. These gentlemen have given us the *extracts*, or essential medicinal principles, of some thirty native and foreign plants. They are prepared upon the same chemical principles that *quinine* is made from *bark*, and *morphine* from the *poppy*, and I see no reason why they should not come into as general use as quinine and morphine. The plants from which they are made, are not all as active and powerful as the bark

and the poppy ; but some of them are quite as useful in their proper places.

The podophilline, from the *podophillum pellatum*, is a powerful alterative, and may, to a considerable extent, take the place of mercury. It operates as an alterative and a cathartic, quite as thoroughly as the mineral. Like mercury, its effects are more readily manifested when it is combined with some other medicine, such as the leptandrine, jalapine, or cassine. I have employed it very successfully in torpid livers and in cutaneous diseases. It operates more kindly when combined with some aromatic, such as clove, ginger, carraway, &c.

The caulophilline is a useful medicine in female complaints, such as amenorrhœa and fluor albus, and in nervous affections. I have been well satisfied with its action in these diseases. The dose, in chronic diseases, is only about one quarter of a grain ; in acute, two to four grains. The macrotine seems to act as a parturient quite as well as ergot. I have employed it in two cases, with much better success than was anticipated. I have not used it in a sufficient number of cases to speak of it in so decisive a manner as is desirable.

If the medical profession would not give up quinine for bark, and morphine for opium, it would seem that no good reason can be assigned why they should not generally prescribe these concentrated medicines. They can very conveniently be kept by the physician, and taken with him by day or by night, or written for, as they are kept at Mr. Burnett's, and, perhaps, at some other shops in the city.

As it respects conservativeness in medicine, like almost all other things, it has its good and its bad side, and the great desideratum is, while avoiding Scylla not to fall into Charybdis—to keep a proper medium. It would as ill become the profession, to run headlong after every new remedy, before its virtues have been properly tested, as to reject it after it has been proved to be valuable. A good physician will “prove all things, and hold fast that which is good.”

W. M. CORNELL, M.D.

*Boston, August, 1853.*

#### SOUTHERN TYPHOID FEVER—DR. FENNER.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In the July No. of the New Orleans Med. and Surgical Journal (a very able work, by the by), we find the following words in an article upon Typhoid Fever from the pen of Dr. Fenner. “A writer in the Boston Med. and Surg. Journal, over the signature of ‘Southerner,’ takes upon himself to condemn the abortive plan of treating typhoid fever proposed by me, not only without a trial, but even before he had read my paper. \* \* \* \* The author might well be ashamed to put his name to such a communication.” When we read the above *pronunciamento* extraordinary, we were not at all alarmed, but we began to think we had fallen upon strange times in Republican America, where every man is allowed freedom of opinion and guaranteed the liberty of speech, if we were to be publicly castigated for differing from a New Orleans Doctor, and daring to growl at his whimsical speculations. We

were born and educated at the South ; and when we climbed our maternal knees, the sacred precepts of independence of character were taught us. These lessons, learned in childhood, have grown with our growth and strengthened with our strength, and we shall never yield them, to cater to the prejudices or pander to the capricious whims of any man. And while we exercise this privilege, as an inalienable right, as a republican we grant it to all others ; nor does its exercise by them lessen our respect or sever our friendship. We are not ashamed to attach our name to anything we write, nor have we written a word concerning Dr. Fenner or his plan, which makes us feel abashed at the article. We said in it that we had the highest regard for Dr. Fenner as a "gentleman of veracity and practical acumen ;" and yet, he says we might "well be ashamed of it." Does the doctor really mean what he says ? We hope not, for we are loth to consider it in that light. But the doctor has brought us to task, for not reading his article at the time we wrote ours ; an unfortunate error, in his estimation, but one which he has certainly adopted, with regard to our article, or he never would have made the awful blunder he has.

He says we condemned his plan "without a trial." Now, dear doctor, just place your spectacles upon your brow, for your optical machine is certainly defective, and read as we quote from the very article you so slashingly condemned, and see if we did not tell you our experience in your rightly named plan, "*abortive*." Here it is. "We have seen it (typhoid fever) in every imaginable phase ; we have adopted all \* \* \* \* \* plans, \* \* \* from sage tea and mercury, down to quinine and pepper, and it is our deliberate opinion, that no plan of treatment yet suggested will cut short \* \* \* that peculiar affection." This does not look like doing the doctor injustice, especially when it can be proved here, that his correctly named plan was the first ever tried in this region, and abandoned as a most consummate and incorrigible "*abortion*." Again, the criticism upon Dr. Fenner's article was indited in the purest friendship, as every line will exhibit ; it was a practical effort, and no man can believe that we would have written a reply to a practical article, without having some practical experience about the matter at issue.

From what we have said, we hope the doctor will at once see, that we neither intended him, nor have done him, any injustice ; that we think, irrespective of other men's opinions ; that we like to see a thing named rightly ;—when *abortive*, call it an *abortion*, as he has quinine practice ; and we beg him to remember, that we were born and bred a republican, and never for once thought that an opinion from a man not our senior in New Orleans was any more authoritative or intangible, than the opinions of our brethren in Boston, Charleston, Savannah, Nashville, New York, Philadelphia, or other places. All this we say in the purest kindness, and for the benefit of Dr. Fenner, whose talents, energy and perseverance, we really admire.

But let us look at Dr. Fenner's article in another light, in the July number of the *Journal* referred to, and see how his "*abortive*" practice tallies with his redoubtable discovery in practical medicine. We think,

had we no other argument of the futility and impotence, or at least the questionable potency of Dr. Fenner's "*abortives*," we would point to his recent cases as abundant proof. Let Dr. Fenner refrain from saying we are prejudiced, or have not tried his practice; it is all ideal, and a resort to cover his unavoidable retreat. Look at his own reported cases. In them he says nothing of their character; but from the symptomatology one is left to believe that some of them smack very strongly of simple *remittent fever*, which all the world knows quinine and opium will cure. Nor is this all; the report of some of the cases induces a practical man at a distance to think, that they were bordering along towards intermittent fever; and this opinion finds strength, when it is known that a Western physician of great experience thinks, if we recollect aright, that a case of real typhoid fever never occurred in New Orleans. To speak in the most favorable terms, if the cases were pure typhoid fever, the remissions were of a distinct and positive kind, or they were intermittent forms of the affection, which nobody ever doubted quinine would remedy.

But it is a question of considerable importance to us, and we think Archimedes could not solve it well, which of the remedies used by Dr. Fenner cured the cases, even admitting the correctness of his plan. We find him using *quinine*, *opium*, and *ammonia*, in combination, in some of the cases. These, we suppose, were Tray, Blanche and Sweetheart. It seems, however, in the estimation of Dr. Fenner, that although the latter did good battling, Tray fought the fight of faith, and won the victory. We would like Dr. Fenner to inform us, how he can determine the relative curative powers of quinine, ammonia, and opium, conjoined with blisters, enemata, mercury, &c., in any case. For our own part, we have seen nothing, since our first article, to alter our opinion of the farcical character of the *abortive* plan.

The scientific world have lived in vain, when every form of fever was in vogue, and quinine in use, if it failed to discover, until this late day, that it was a *sine qua non* in pure and unadulterated typhoid fever. The truth is in a nut-shell: quinine never arrested any case of real *typhoid fever*, or cut it short; the declaration that it has done so is an abortion, with alarming hemorrhage, which the tampon cannot check, but which experience can explain. The quinine practice, alone and combined, has been used by the country physicians of the South, time and time over again, and with unfavorable results in pure cases of typhoid fever, until it has gone into merited disuse. The pathology and cause (in some cases) of the affection were alike opposed to the remedy, while experience—*ripe experience*, from which there is no appeal—condemned it as unsafe and hazardous. Like all other diseases, the typhoid fever of this country is now changing its character; it begins to partake of remittent and intermittent grades, and here is where our friend Dr. Fenner has foundered in a very large "*mare's nest*." That quinine will cure these cases, nobody doubts, but they are not pure cases of typhoid fever.

A typhoid disease is one thing, and a typhoid symptom is another; and we fear there are hundreds of cases of typhoid fever reported cured, which had only a few typhoid signs, without any of the purity of the affection. We would not say Dr. Fenner has reported any cases design-

edly erroneous ; but errors of diagnosis are as common as anything else, and all medical men are liable to them. We think it probable that few cases of real typhoid are now to be found South. A few months since, all diseases here had a typhoid proclivity ; but they are mutating, and taking on remittent and intermittent phases, with some typhoid signs ; and by the revolution of another year, we shall not probably have enough cases of typhoid fever to make mile posts in our counties.

In conclusion, we will return our sincere thanks to Dr. Fenner, for adding a trophy to nosology in the way of a correct and sensible name for the quinine treatment in typhoid fever—viz., *Abortive*.

SOUTHERNER.

#### PATHOLOGY OF POISONING—COINCIDENCES.

[Communicated for the Boston Medical and Surgical Journal.]

As the pathology of poisoning is scarcely if at all touched on by systematic writers, the following, from Dr. Sequard, of Paris, becomes the more interesting :—

*Influence of Poisons upon Animal Heat as a Cause of Death.*—Dr. Sequard has published some peculiar views respecting his experiments with poisons, reducing animal heat. He says, he has seen death take place in a rabbit after a diminution of its heat of only 22 deg. of Fah. And he never observed any animal live after he had diminished its temperature more than 44 deg. of Fah. Accordingly as the heat is rapidly diminished, so is death produced in less time.

When by a wound, or poison, the temperature of a man is reduced many degrees, his life is in danger from that very cause. It is thus in cholera, and palsy.

In cases of poisoning, it has been found that the temperature of the poisoned person always decreased ; and M. Chossut, who injected opium into the veins of a dog, found the temperature diminish from 105 deg. to 62 deg. Fah. M. Sequard believes that many poisons may kill, simply by their action in reducing animal heat. He has found that some poisons, which kill animals when there is no obstacle to prevent the diminution of the body's temperature, will not destroy life when the temperature is sustained by artificial means to its normal degree.

Equal doses of poison were given to two animals, as much alike as possible. One was left in a room at a temperature of 46 deg. Fah., the other was kept in a place where the temperature was 75 degs., Fah. The first was dead after a certain number of hours ; the other, that was kept warm, was generally cured very soon.

In cases of poisoning by opium, belladonna, tobacco, camphor, alcohol, acetic or oxalic acid, and many other poisons, physicians should labor to prevent a diminution of heat by keeping the patient as near as possible to the standard of 100 deg. Fah.

It is curious, in the history of *coincidences*, that simultaneous with the above, in the Old World, a method of treatment in the New World was instituted exactly conformable. The bites of rattlesnakes, and other deadly reptiles, have been cured by enormous quantities of diffusible

stimuli, instances of which have been given in this Journal, and others are almost daily occurring in the newspapers. An account lies before me of a negro who was bitten by a "copper head," and in the course of half an hour drank a quart of whiskey, and recovered. A number of similar cases have been lately recorded.

But perhaps the most curious of all is, that M. Sequard promulgated the theory, that stimulants, previously taken, would prevent the subsequent effects of poison; and that this theory was about the same time confirmed, on this side of the Atlantic, by a person, badly intoxicated, having been bitten by a rattlesnake, without any ill consequences whatever.

Now the history of the bite of mad-dogs shows frequent exemptions from hydrophobia; so frequent that Dr. P. S. Physick (whose lectures I attended), stated that nineteen twentieths of those who were bitten, experienced no ill effects at all. But as to rattlesnake bites, I have never known, heard, or read, of a single exemption, except in the instance above referred to.

JOSEPH COMSTOCK, M.D.

*Lebanon, Conn., July, 1853.*

#### A SINGULAR CASE OF IMMUNITY FROM THE USUAL POISONOUS EFFECT OF ARSENOUS ACID.

[Communicated for the Boston Medical and Surgical Journal.]

THE occurrence, which is here briefly described, took place about thirty months since, in this city, and in the lapse of that time no circumstance has been observed, which could fix suspicions of intent or motives for the act, on any person.

At a boarding house with numerous inmates in C—— street, the family, cook, and servants, partook of a substantial breakfast, of cooked meats, vegetables and coffee, on Sunday morning, and some hours after separated and attended service at different places of worship in the vicinity. Before the conclusion of the service, nearly every boarder was ill with a disposition to reject the contents of their stomachs, which in most cases could not be repressed. The master of the house and his wife returned home, and having before resorted to the use of cold infusion of coffee, in slight disturbances, a portion of that, remaining after the morning meal, was freely drunk by both, without the expected curative effect being produced. As the inmates returned, sick and alarmed, the neighbors were called in, and inquiries made, which established the fact that the children, who had not partaken of the coffee, were in their usual good health. This, with other circumstances, pointed to the coffee as the cause of the sickness. Some of the friends tasted and drank a portion of the infusion, and becoming sick soon after, with the same symptoms, the evidence thus obtained was deemed satisfactory.

The next morning I received the coffee-pot with the remaining contents, for chemical analysis. It was sufficiently large to contain two gallons of fluid, and there remained some ten ounces of fluid, besides the grounds and partially extracted residue of the coffee. The fluid contained arsenous acid, apparently in as large proportion as exists in a saturated

cold aqueous solution of this substance. Mixed with the residue, and subsequently separated from it, were four hundred and ninety grains of powdered arsenous acid ! As the coffee decoction had been prepared by boiling, and was drunk warm, it is safe to assume that each of the twenty-four persons, who were rendered sick, had taken about one pint of a saturated solution of this poison.

The master and his wife suffered more severely than the other members of the family, as they had repeatedly partaken of the poison. In the other cases, recovery took place the following day, the mechanics pursuing their labors as usual.

I have thought an account of this case worthy of preservation, as it offers an illustration of the poisonous effects of *organic compounds of arsenous acid*, formed, before that acid entered the stomach. Chemists well know that arsenous acid cannot be boiled with roasted coffee and the decoction be mixed with sugar and milk, without the acid forming a more or less definite compound, with organic principles present. The slightly poisonous effect of such compounds, is here contrasted with the known active and energetic power of a solution of arsenous acid in water. The latter can destroy the structure of the organs, with which it is in contact, and form poisonous compounds with their principles, and such compounds may continue to act, when the parts of the stomach have been deprived of all power of resistance.

A. A. HAYES, M.D.,

Boston, Aug. 3, 1853.

State Assayer, 16 Boylston st.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 10, 1853.

*Heavy Medical Journals.*—In the course of a recent conversation with a medical gentleman, he expressed a regret that we had not a *heavy Journal* in New England, in which articles of fifty pages or more in length could have insertion. He probably had in mind a respectable quarterly, which would be literally heavy in weight as well as in the character of its contributions to science. Unfortunately, past experience has shown very clearly that it is far easier to publish a periodical of that kind than to get paid for it. There may be half a dozen profound medical scholars in this part of the country who would give their influence and subscription for sustaining a quarterly Journal ; but however ably conducted, such a work would certainly languish and die in a single year. In connection with a bookstore, or large publishing house, it might be made advantageous to the publishers, with ample advertising sheets, to keep a heavy Journal alive. But the age has gone by for such periodicals ; they cannot be sustained. The people demand fresh news and often. This fact is verified in the history and success of the daily press, which has in a great measure superseded the old-fashioned weekly newspapers. In these days of railroads and electric telegraphs, novelty and speed are required in literature and science also. This is to some extent a misfortune, and a hindrance to the progress of sound learning ; but evident as this is, in appealing to the good sense of sound-minded men to remedy the evil, they admit its existence,

while at the same time they give in their adhesion to the new order of things. Journals of medicine must conform to the spirit of the age, or languish. Articles in them are required to be comprehensive, without being tedious. No one has leisure for wading through long dissertations, the gist of which might be expressed in a small space. Absurd as the idea may now be regarded, we believe that a daily Journal of Medicine will hereafter be projected and carried on.—When this Journal was first contemplated, the editor waited upon every practitioner in Boston, soliciting subscriptions, and stating that it was to be published once a week. It was scoffed at as the project of a young man, ignorant of the resources of the profession, its wants, and its inability to do more than it was already doing for the diffusion of knowledge. One subscriber, only, was procured in this city. A large proportion of those appealed to, said that the New England Medical Journal, then issued once in three months, could but just be sustained, and the advent of another was eminently preposterous, especially if it were to be issued weekly—an unheard-of departure from established rules in scientific literature. At the present day, the reader will determine which party understood best the character of the times when this transaction occurred. The heavy New England Quarterly Journal of Medicine has been defunct over twenty years; while this, the origin of which was deprecated as useless and hazardous, that could not, it was said, be supplied with matter once a week, and which could find but a single patron in the Athens of America at its commencement, last week entered upon its *forty-ninth volume*, and in a more prosperous state than ever before.

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*Displacements of the Non-gravid Uterus.*—J. F. Peebles, M.D., of Petersburg, Va., was the successful candidate for the Fiske Fund Prize of the Medical Society of Rhode Island, the last season. His essay was on “Displacements of the non-gravid Uterus—their local and constitutional effects.” It has been published in a pamphlet of forty-seven octavo pages, and makes a very respectable appearance in its typographical arrangements, independently of its literary merit. Dr. Peebles proceeds systematically in considering the subject under three natural divisions:—1st, The natural history, diagnosis and local symptoms of different forms of displacement; 2dly, The general symptoms, or constitutional effects common to all forms of uterine displacement; and 3dly, The treatment. He then takes up the consideration of a catalogue of uterine maladies, each of which is separately and fully described, showing a familiarity with every fact essential to the practitioner. For example, *prolapsus* is explained; and the curious circumstance that civilization is multiplying sufferers, has not escaped the author’s critical pen. The nature of the difficulty, its mechanism and causes, &c., form an important and instructive article. Then follows a similar analysis of *retroversion* and *anteversion*, with minute practical instructions how to proceed with the patient. This, too, is an admirable survey of the anatomical relations of parts, illustrated by two outline drawings. Flexions of the uterus, ovarian irritation, dysmenorrhœa, &c., occupy several pages, in which the whole ground is carefully considered. Finally, Dr. Peebles exhibits his strength most advantageously in the plan of treatment. He favors the pessary—of a peculiar construction, however; while some of the leading practitioners here at the North are now wholly discarding them. But though medical gentlemen may differ in opinion respecting the value of general constitutional treat-

ment, they will generally agree in this, we apprehend, that mechanical assistance of some kind must be resorted to, for temporary relief, if nothing more; since medicine can be of but little or no more utility in a purely mechanical disarrangement of the uterus, than in a dislocated limb. A majority of physicians view the subject precisely in this light; and consequently apparatus will continue to be devised by ingenious artisans, at the suggestion of this class of practitioners, notwithstanding the objections to such contrivances by others, eminent for position and scientific influence. This production is one of the best of the Fiske Prize Essays, and is a judicious, instructive guide for a practitioner. It is worth a hundred theoretical speculations upon controverted points, which serve to puzzle men's brains, without furnishing a single practical idea worth remembering.

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*Diseases of Children.*—A second edition of a "Practical Treatise on the Diseases of Children, by J. Forsyth Meigs, M.D., &c., revised and enlarged," has made its appearance opportunely. It is the season when this class of patients is the most numerous, and death most active among them. The first edition was called the "Medical Practitioner's and Student's Library." With its new title, there has been an addition of matter, in connection with a thorough revision of the old text. A more acceptable contribution to a medical library could not have been prepared. We apprehend that medical practitioners generally find it a difficult matter to meet the varying phases of disease incident to childhood. Each and every work, therefore, that actually throws light, where much of the way is dreary and dark, deserves to be prized. The work is an octavo, of 711 pages, in Lindsay & Blakiston's best style of typography. The diseases of which the author treats, are sub-divided into six classes, viz.:—I. Those of the respiratory organs; II. Those of the digestive organs; III. Those of the nervous system; IV. Eruptive fevers; V. Diseases of the skin; VI. Worms in the alimentary canal. The scheme of the author is broad enough to embrace the entire circle of diseases incident to all periods, from birth to puberty. His industry is commendable, while the arrangement of the subjects of the book is both natural and convenient. We have been gratified with the collection of statistical items pervading the work, and the minuteness with which descriptions are carried, where it is important that the reader should be accurately informed. Although Dr. Meigs has explored a multitude of authors, this is distinctly an American book, giving us rules for prescribing in our own climate. At Boston, copies may be found at Ticknor's, Washington street.

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*Biography of Daniel Drake, M.D.*—By appointment, Charles D. Meigs, M.D., President of the College of Physicians, Philadelphia, delivered before the members of that institution, in July, a biographical sketch of the late Dr. Daniel Drake, of Cincinnati. There is too much of it to be copied entire, and it is too interesting to be abridged. We advise all who can procure the pamphlet, to get it and read it thoroughly. It is not only a fine specimen of biographical writing, but it shows how genius and sterling integrity may triumph over the misfortunes of obscure birth, poverty, and the snarling annoyances of those who indulge the absurd idea, that none but people born to position have a right to indulge in aspirations for the honors and profits of the world. Dr. Drake was emphatically a great man.

Under appalling embarrassments, which few men have the energy to overcome, he rose to distinction, and has left a name which is the property of the historian and the world. Countless thousands, who have lived at the same time in affluence, and floated through life on the calm bosom of a summer sea, have gone down to the grave unknown beyond the immediate neighborhood in which they resided; yet the poor boy, who buffeted with adversity and ate the bread of carefulness, has secured a permanent niche in the temple of fame. Dr. Meigs declares, with truth, that "*Dr. Drake's name is that of a celebrated American.*" His distinction in the annals of fame is not based exclusively on his medical attainments. He was a philosopher, an antiquarian, and a profound student in those departments of knowledge which enlarge the compass of the human intellect. It was not his forte to waste the precious hours of existence in frivolous pursuits. Great thoughts, having in view the progress of society in knowledge, virtue and happiness, occupied his disciplined mind. The little dogs that barked as he passed along the highway, jealous of his progress, but unable to curb or control the indomitable force which carried him beyond the sphere of their influence, have retired to their lurking places, while Daniel Drake will be referred to, in future times, as a bright star of the first magnitude in our Western firmament.

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*Yellow Fever at New Orleans.*—It is stated in the papers that the President of the Board of Health in New Orleans, who is a physician, still declares that there is no epidemic in that city, notwithstanding the alarming fact that more than a hundred persons have lately died there, in a single day, of yellow fever! It is evident that a sweeping mortality is raging there, the particulars of which may hereafter be published; but at present, it would be difficult to procure accurate statistical returns. It has been repeatedly announced by medical writers that New Orleans is one of the most healthful cities in the United States—and in regard to the treatment of the scourge that is so fearfully mowing down the people, it has also been repeatedly spoken of as being easily controlled by early medication. We have no doubt, however, that much of the fearful mortality from yellow fever is among strangers in the city.

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*Orthopedic Surgery.*—We hazarded an opinion, a week or two since, that the creation of a department of orthopedic surgery in the schools of medicine would be an important feature and indicative of progress. It is one of the new movements at present required, and is certainly of sufficient importance to demand the immediate attention of the trustees of our schools. Gentlemen now actually make long voyages expressly to study the new operations in this particular branch of the profession. A few years ago, nothing was known of subcutaneous division of the tendons, and other efforts to remedy deformities of the limbs, which are now common here and in Europe, and which show an immense stride in the art. The field of orthopedic surgery is broad enough to give a public teacher full employment through a whole course of lectures. Some may object to multiplying chairs, but they surely cannot be unwilling to complete the chart of instruction. The regular professor of general surgery has enough to do; and although he endeavors to keep pace with the age, it is quite unreasonable to suppose he can teach everything. Certain it is, that the

college first creating the new professorship will have a speedy renown, besides the honor of conferring on the country a special boon.

*The Temperate Lawyers of Natchez.*—In the list of lawyers and other professional men of Natchez, given by Dr. Cartwright, in the number of this Journal for July 20, as those who had abstained from the habitual use of alcoholic drinks, should have been mentioned "John Fletcher, the author of the immortal *Lessons*." This omission inadvertently occurred in the office of publication, and was not the fault of Dr. Cartwright.

*Effects of Chloroform.*—A lady of West Boylston applied to a dentist for the extraction of a tooth. Says a country paper, he administered chloroform, and immediately after the tooth was extracted the young lady was attacked with a violent pain in the head which deprived her of reason. Her friends carried her home, and in the evening she apparently died. She was laid out for burial, when after some time she revived. What is most remarkable in the case is, that every evening at about 7 o'clock she swoons away, after suffering the most excruciating pains in the head.

*Medical Miscellany.*—The degree of LL.D. was conferred last week on George C. Shattuck, M.D., of Boston, by Dartmouth College.—Dr. R. H. Brigham has been appointed U. S. Collector of Castine, Me.—Dr. Thomas E. Marcy, of Alabama, goes out Secretary of Legation to Chili.—The smallpox is raging fearfully among the Indians of Nevada. It is computed by those best acquainted with the details of Indian life, that not less than four hundred of all ages and sexes of the Indians there have been destroyed by this disease during the past six months—that is, one tenth of the whole number. The Indians are totally helpless when thus attacked.—Mrs. Catharine Seider, aged *one hundred and one years and seven months*, died on Thursday evening last, in Freystown, adjacent to the borough of York, Pa.—Dr. Dudley, the celebrated surgeon and lithotomist, of Lexington, Ky., and the originator of the University, is not expected to live, being now very low.—Adulterations of cream of tartar are extensively sold.—A vessel recently arrived at New York, with rising of eighty cases of measles on board.—Dr. Corbett, of Canterbury, N. H., has discovered that the drones among bees, are the females.—Mrs. Sarah Norris died at Rye, N. H. last week, at the age of 102 years.—Mrs. Blanchard, of Ticonderoga, 78 years of age, has cut a new set of teeth, says the Dental News Letter.

TO CORRESPONDENTS.—The following communications have been received:—Empiricism; Case of Injury to the Thumb; Removal of Ring from a Swollen Finger; Injury from Study in our Public Schools.

MARRIED,—At Manchester, N. H., Dr. James Bard, 58.

*Deaths in Boston* for the week ending Saturday noon, Aug 6th, 111. Males, 42—females, 69. Anemia, 1—accidental, 1—apoplexy, 1—inflammation of the bowels, 2—inflammation of the brain, 2—congestion of the brain, 2—burns and scalds, 1—consumption, 10—convulsions, 3—cholera infantum, 18—cholera morbus, 2—croup, 1—cancer, 1—dysentery, 2—diarrhoea, 3—dropsy in the head, 7—drowned, 2—debility, 1—infantile diseases, 10—puerperal, 2—intermittent fever, 1—typhoid fever, 1—scarlet fever, 1—disease of the heart, 3—inflammation of the lungs, 3—laryngitis, 1—marasmus, 3—measles, 11—neuralgia, 1—old age, 1—palsy, 1—teething, 10—thrush, 3.

Under 5 years, 74—between 5 and 20 years, 10—between 20 and 40 years, 15—between 40 and 60 years, 5—over 60 years, 7. Born in the United States, 91—Ireland, 16—England, 1—British Provinces, 1—Scotland, 1—France, 1.

*Another White African.* By E. C. HOOD, M.D., of Whiteville, Harris Co., Ga.—Charlotte is a woman 34 years old, and living within one mile of me, whose skin is as fair as that of any lady of Caucasian blood, and who was as black at the age of 11 as any African. She says her health has been uniformly good, with the exception of one "spell of bowel complaint," which occurred when she was about 10 years old; sometime after which a white spot appeared on her forehead, which gradually though slowly enlarged. In the mean time other spots appeared on different parts of the face, which also increased in size, until the whole face became perfectly white. The change in the color of the face was completed in about six years, and she says that after her face "turned white," her whole body changed in one week. I saw her frequently during the metamorphosis, and noted its progress, during which time her countenance was so hideous that she was a fright to all the juveniles of the neighborhood.

She is at present strictly a white woman, except her eyes and hair, which are those of the negro—the latter, however, being whitish all around the margin. The skin freckles, and is easily blistered by the sun. She is a good servant; has ordinary intelligence; has had ten healthy children, all of whom are as black as their father, who is a full-blooded African.

The above are the facts of this "strange freak of nature." Was the change a pathological or a physiological one? I am inclined to the latter opinion, because the subject was in good health, and the skin seemed to be so, during the change. But what strange whim possessed the absorbents to remove the pigmentum nigrum?—*Southern Med. and Surg. Jour.*

*Fœtus in Utero, killed by Lightning.* By JAMES Y. CARITHERS, M.D., of Hendricksville, Ala.—Mrs. F——, aged about 40 years, in good health, and eight months advanced in pregnancy, received on the 10th of June, 1852, a severe shock from a streak of lightning, from which she recovered in a few hours—when she was attacked with labor pains which caused me to be sent for. On my arrival, I found her suffering with sharp pains. On examination, per vaginam, no dilatation of the os uteri had taken place. Bled her freely, and ordered her an enema of a gill of starch, with a teaspoonful of laudanum, and to take  $\frac{1}{4}$  of a gr. of sulph. morphine every half hour, until she was relieved from pain. After taking the fourth dose the pains subsided. Ordered her to take, on the following morning, ol. ricini,  $\mathfrak{z}$ i. At 2 P. M., oil acted freely on the bowels, and at 4 P. M. I found her resting well. Allowed some light nourishment, from that time until her was delivered, which took place on the tenth day after she complained of being very unwell. The child was dead, and from the appearance had been so from the time the mother felt the shock.—*Id.*

*Extraordinary Accident.*—A man was lately admitted into the Portsmouth, Portsea, and Gosport Hospital, under the following singular circumstances:—He was trying to extract a cork from a large stone beer-bottle with his teeth, when it was suddenly driven into his gullet by the force of the carbonic acid which had been generated in the bottle. Medical assistance was immediately obtained, but unavailingly, and the man was taken to the hospital, where œsophagotomy was at once practised, and the cork, which measured about three inches and a half in circumference, was extracted.—*St. Louis Med. and Surg. Journal.*

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HÆMATOSIS, ITS NATURAL AND ARTIFICIAL INDUCTION.

BY GEO. J. ZIEGLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

FOR the greater perfection of the higher and more complex organic processes, several distinct apparatuses are associated and conjoined, some for construction or composition, others for destruction or decomposition; but, as in the more purely physical processes of nature, one agent usually subserves several separate purposes, all, however, tending to the same great end and ultimate object, so in the organic, it is found that one organ or apparatus performs a variety of actions, comprising an unity of design, and among these none more so than that assigned for the æration of the organic fluids.

The importance of this process is manifested by the extent and magnitude of the apparatus appropriated to it, occupying, as it does, a prominent position in, and an exalted relation to, the general bulk of the vital economy. The prominent object of this apparatus is to introduce into the economy the atmospheric elements, and to expose the organic fluids therein existing, to their influence, thus supplying the necessary prerequisites for those further changes and transformations by and through which the more perfect organic products are developed, the ultimate metamorphoses effected, excrementitious materials formed and eliminated, and organization, disorganization, and the aggregated vital processes and functions, finally accomplished.

The numerous intricate though consistent and co-ordinate mutations by which the essential modifications in the fluids of the animal economy are effected through this process of æration, are comprehended under the general designation of "hæmatosis"; and for the accomplishment of the various purposes to be thus realized, it is obvious that there must be a mutual relation and harmony between the effective means and ultimate objects, or the active chemical constituents of the atmosphere, the components of the vital fluids, the changes to be therein induced, and the processes and special purposes to be thereby effected and attained. But as at present we design merely a special and limited reference to this general process in its connections with æratososis or æration, and its more particular relations to therapeutics, parts only of some of these will

be cursorily noticed ; and, to render this investigation more systematic and practical, we will first present some considerations respecting the chemical elements of the air.

The principal and doubtless only essential chemical constituents of the atmosphere in relation to animal life, are oxygen and nitrogen ; but as the agency of the former element in the changes incidental to life action, is very fully appreciated, our observations for the present will be limited to that of the latter. In consequence of the negative properties of this agent, nitrogen, as it exists in the atmosphere, it has been, and is still, considered by chemists and physiologists as holding a very subordinate position in the natural chemical processes, and in its relation to the organic economy, serving only as a diluent of its associate oxygen, and a modifier or preventive of its excessive decomposing or disintegrative tendencies and effects upon the organic structure. Reflection, observation and experiment have, however, induced and forced the conclusion that the nitrogen of the atmosphere is positively appropriated in the respiratory processes, and is usefully employed in promoting and perfecting the normal organic changes and functions ; and, for the better appreciation of this subject, some of the reasons explanatory and in support of this view will be presented.

Among the most prominent of these, are, firstly—the spontaneous formation in nature of chemical compounds of which nitrogen is an essential constituent ; as ammonia, nitrates of potassa, soda, &c. It follows that these combinations must necessarily result from the separate or united influence of the chemical and physical forces. For physical or chemical union or combination it does not necessarily require that there should be a mutual affinity between the bodies associated, single affinity being adequate in numerous instances. Hence, though nitrogen is usually passive or negative, other elements, as hydrogen, carbon and oxygen have an affinity for it sufficiently strong to cause combination under favorable circumstances, resulting in the production of other bodies, as ammonia, cyanogen, nitric acid, &c., and ultimately of numerous complex substances.

Again, some bodies, as sponge, platinum, and other artificial and natural substances, possess the property of molecularly concentrating or otherwise modifying other agents, the gases especially, thus rendering them susceptible of other more intimate and complex changes and relations, and sufficiently so to cause chemical affinity to become more active, and chemical combination more certain and speedy ; instances of which are known, as spontaneous combustion, &c. These, it will be recollected, are effected exclusively through the influence and action of the purely physical and chemical forces. Now in the organic processes there are, in addition to these, other and still more powerful influences in operation. Thus, one of the functions of the cells is to induce and modify chemical action and combination, in accordance with certain organic laws and with regard to certain definite results. Hence, when the atmospheric air is introduced into the circulation through the lungs or other surfaces, it is by the cellular construction of the tissues of these organs, and a similar condition of the fluids, physically molecularly modified and thus

most favorably disposed for the subsequent changes to be induced and effected through the agency and activity of the chemical forces. Added to these, there is a greater tendency to the appropriation of the oxygen and nitrogen, and interchange, in consequence of the presence in the circulation of the hydrogen and carbon in the nascent condition. Super-added to which, there is in constant activity the powerful, physiological or biological forces to govern and compel those organic chemical associations, metamorphoses and modifications, essential to, and in the aggregate constituting the changes, productions and processes necessary to organization and life action.

In consequence, doubtless, of the association of these influences, the nascent hydrogen seizes and unites with the nitrogen, forming ammonia ( $\text{N H}_3$ ), which is most probably then, from the presence of nascent carbonic acid, previously formed by the union of carbon and oxygen, partially or principally converted into carbonate of ammonia, thus by this appropriation rendering a certain proportion of carbonic acid not only innocuous but actually serviceable and beneficial in the development and support of other and higher organic processes and functions, as it is well known that this salt of ammonia possesses exceedingly valuable properties, both in its constituent and compound relations, of a somewhat *sui generis* character.

But it is highly probable that other compounds of nitrogen are also formed. Thus the evolving and nascent carbon may combine with another portion of nitrogen and form cyanogen ( $\text{N C}_2$ ), which by its further association constitutes other compounds, as cyanides, cyanic acid, cyanate of ammonia, &c. Either or all of these, in their simple or complex state, may be modified or decomposed for the induction of, or to furnish their elements for, more ultimate changes and processes, and the production of compounds which are effected, elaborated and eliminated by the various organs of nutrition, secretion and depuration, as the stomach, liver, kidneys, &c. Thus, by these and other chemical associations, metamorphoses and mutations, heat, electricity, &c. are developed, which aid secondarily in promoting the same and subsequent organic modifications and operations for the perfect construction, reparation and preservation of the organism and the performance of its ultimate, aggregate and special functions.

Secondly—It is well known that the inhabitants or isolated individuals of different parts of the earth live for limited or protracted periods of time, almost, if not exclusively, upon either the oleaginous, amylaceous or saccharine alimentary substances. Also numerous animals exist upon vegetable matter, much of which consists of or abounds in those substances comprised in the hydro-carbonaceous or saccharine group of alimentary principles. Now it necessarily follows that there is either a sufficiency of azotized matter associated with these to supply the essential nitrogen for the construction of the true organized or animal tissue, and products, or, that this element is obtained from another source, viz., the atmosphere. But as the limited amount often associated with these substances does not seem to be always and at all times sufficient, or that these azotized materials are always obtainable in adequate quantities for

the wants of the economy, it is reasonable to infer that the equilibrium is preserved by, and the deficiency made up from, the great external gaseous reservoir, and that thus there is a reciprocal or compensatory action between the atmospheric and alimentary nitrogenous supply. And further, though this inferential explanation may reconcile the discrepancies between the results of different experiments on the subject, it does not necessarily preclude the existence of the probable fact that this element, to a greater or limited extent in the æratory processes, is being constantly and directly appropriated from the atmosphere in the supposed manner and for the purposes before alluded to; and also, possibly, by and for other more occult and cognate ones not even yet suspected.

Thirdly.—It has been found that an agent of similar chemical constitution to the atmosphere, though differing in the proportion and character of the combination of its constituent elements, oxygen and nitrogen, possesses analogous physical, chemical and physiological properties; the nitrogen alone or unassociated being comparatively deficient in all; the oxygen, separately, however, being so superiorly active in the chemical, though defective in the biological, as to have induced the belief that it was, in relation thereto, the only essential chemical ingredient of the atmosphere, its excessive activity only being modified by its principal companion nitrogen. This does not, however, satisfactorily account for its deficiency in inducing those physiological phenomena peculiarly characteristic of the atmosphere and its analogues, combination and influence. But in that analogous compound of these two elements known as nitrous oxide or protoxide of nitrogen, though, as before stated, differing from the atmospheric association in the proportion and character of the union of its constituent elements, the former being a chemical combination and the latter esteemed a mechanical commixture, there is a striking similarity and agreement in the most important of these respects, and especially so in the chemical and physiological. Independently of the analogy, however, experimentation has long since demonstrated its powerful and peculiar effects on the animal economy, and more recently some of its additional unique influences have been detailed; but as the subject is one of vast importance, I will again, in a general way, refer to further experience with it as confirmatory of the facts and views before presented, and as aiding in exhibiting the propositions advanced and advocated in this and former publications, of the importance, necessity and usefulness of nitrogen as an organic or physiological constituent of the atmosphere, and of this peculiar analogous combination as a potent and efficacious remedial agent.

The nitrous oxide, as previously stated, in consequence of its peculiarly energetic and unique combination of properties, and its powerful chemical, physiological and therapeutic influences, is an exceedingly valuable general (and because general, also special or local) remedy; and still further experience with it, only strengthens and confirms all former observations, and proves that it does actually promote normal organic metamorphoses and mutation essential to the development of healthy structure and the production of those organic compounds formed, secreted

and eliminated through the operations of the nutrient, secretory and depurative organs, by stimulating the vital energies and supplying the necessary chemical elements, oxygen and nitrogen, for such processes and products, and this not only prevents but corrects numerous abnormal conditions, and especially those organic aberrations or defective vital processes resulting from, or connected with, the deficient supply of these elements from the atmosphere.

That it does thus operate, may be readily determined by its judicious employment in suitable cases, in which it will be found not only to relieve the effects of deranged action, as irritation, pain, spasmodic or irregular movement, &c., but will remove extraneous substances often the primary or secondary cause of such, correct the condition upon which these are dependent, and in fact completely break up, destroy and disperse the whole train of morbid action, and at the same time actively promote and regulate the healthy processes of nutrition, secretion, &c. These effects are especially striking in certain derangements of the pulmonary and renal functions, of which pain, cough, difficult or spasmodic breathing, serous effusions, strangury, frequent desire for micturition, &c., are the consequences. In the derangements of the former, as chronic inflammation, asthmatic respiration, &c., it often immediately relieves the irritation, cough, sense of oppression, &c., speedily and effectually resolving and correcting the special antecedent or concomitant, and secondary or consequent general abnormal condition; there being, as stated in a former paper, two principal and distinct pathological elements of disturbance and derangement in an organ or tissue, first, that dependent on the functional privation, or the absence of the elements or substances necessary for nutrition and the due performance of its function—and, secondly, that connected with the organic modification. The first is precursory, and is doubtless always the cause of the second, except, of course, where the derangement results from mechanical injury, &c. Now, presupposing the structural integrity and the existence of the power of appropriation, it is obvious, *ceteris paribus*, that by the due supply of these elements or substances, the functional disturbance will not ensue or cannot exist, which is demonstrated by the absence of this derangement when sufficient material for the functional purposes are obtained, and when existing in its instantaneous or speedy cessation if the necessary elements are supplied. In the organic affection, however, these two exist conjointly; hence the primary object is to mitigate and modify the one, and, secondly, correct or remove the other as soon as possible; the predominant indication of all, of course, being to obviate the primary and further tendency to both. But as the organic modification is often originally dependent on the same cause, though usually a result or secondary accompaniment of the functional privation and aberration, it necessarily follows that by an increased supply of these essential elements or materials the deficiency will be made up, and, in consequence of the imperative demands of the special tissue or general economy, they will, if the structure and vital energies are not too much impaired, be actively appropriated until the instinctive desires are satisfied, the equilibrium restored and the derangement corrected. These purely functional phe-

nomena are strikingly manifested in the accelerated activity of the nutrient and respiratory processes during recovery from the effects of the temporary privation of food and air, as in partial starvation and asphyxiation. Also even in those cases of advanced organic modification, depending upon, or connected with, analogous functional deficiencies, by a due supply or an increased quantity of the necessary agents, conjoined with the active stimulus usually associated and afforded by these or other agents, the normal tendencies and processes may be and often are sufficiently promoted and accelerated to cause a correction of the morbid, and the final restoration of the healthy state.

[To be continued.]

#### DR. NUTTING ON THE PHILOSOPHY OF MEDICAL DELUSIONS.

[Concluded from page 36.]

IN quackery, as in philosophy, we have Materialism, and Immaterialism. The former of these belongs to a class of men, who have a smattering of knowledge, yet little discipline of mind. They are above the lowest class in society—for these usually employ the regular physician, asking few questions about theories and systems. They do not, however, rise to the formation of abstract ideas. Sensations are their chief ground of credence, nor can they comprehend the relation of cause and effect, unless they can see the physical cause standing in close relation to the effect. For this class of minds, we have two systems, Thomsonism and Hydropathy. In each of these a visible and efficient agent is made to stand as the antecedent of the effect required. Little account is made of the "*vis medicatrix nature*" in either system.

Of these, Thomsonism claims the prior notice. I shall not enter on its history further than to remark, that it has always found its advocates chiefly among the less educated. A thorough Thomsonian must have qualities something like these: superficial knowledge and real ignorance, self-conceit and credulity, a faculty for jumping at conclusions, and strong prejudices. Thomson himself possessed these qualities in a marked degree. His ignorance may be inferred, from his placing opium as a mineral, and salt as a vegetable, in his list of drugs; as well as from his attempt to reduce the science of therapeutics to a system of rules. In common with other quacks, symptoms were to him the whole of disease. Hence a knowledge of anatomy, physiology and pathology was of no use. Any one could learn the symptoms in a few weeks, so as to apply his rules, and thus the pride of ignorance was flattered. Had Thomson been a more learned man, he could not have formed so popular a system. For, having in his own mind the same elements composing the mind of this lower class, and influenced by the same prejudices, he could enter into their feelings and flatter their pride, while he secured his own praise.

His prejudices are seen in his constant denunciations of opium and mineral medicines. His want of mental discipline is seen in his dissatisfaction with any effects not tangible. Hence, lobelia became his favorite

emetic, and cayenne and hot-drops his favorite stimulants, while the steam-box was ever ready to produce sensible external effects. And each of these had its place by rule. But the glory of Thomson is departed. The steam-box is obsolete; and though cayenne and lobelia hold their place, it is with divided sway. His name, even, is in disuse, and his motley offspring are now Eclectics or Botanics, and almost resent the appellation of Thomsonian as an insult.

Thomson's system, having been found utterly worthless, is laid aside. Minerals find their way into their practice, and in short they try, like all other quacks, so far as their ignorance will allow, to secure the advantages which flow from the regular system, while they retain the influence their quackery confers. It need not be considered a libel, if it be said, that as a class they are uneducated; for it was a principle of their system that education was not needed, and many an ambitious youth has vaulted from the stable to his gig, and from beside his bench to the bedside of the patient, with hardly a passing compliment to books or study. There is, with them, as with others, no professional honesty; for while they flatter the popular prejudices against mineral medicines, the fact of their using them is notorious.

Hydropathy belongs to the same class as Thomsonism. Like that, it lays no claim to mysterious or supernatural forces. Its causes and effects are physical. Like those of the other system, its advocates condemn the regular profession, and, like each of the others, claim that the true system of medicine was concealed till Priessnitz brought it to light; and that they alone pursue the true method. Their system, like Thomsonism, consists of a central dogma and specific rules. Their fundamental dogma is, that water can cure all cases of disease that are curable; and that it can do no harm. But this rests on no better evidence than that of Thomson, that "heat is life." Nor are its claims any better supported than were those of the followers of Perkins or Hahnemann. The origin of the system is liable to the same objection, which I have shown to lie against all such systems, that it is formed from no induction of facts.

Priessnitz claims, and I believe receives from his ardent supporters, a degree of reverence which can hardly be accorded to any common man. And, indeed, if he has discovered the only true medical system, with only the education of a common peasant, and with no induction of facts, he is worthy of all the reverence which can be given to humanity. But what evidence have we that he has discovered such a system? Not that it prolonged his life, for he died, like Paracelsus, and Wesselhœft has lately gone. Nor does their success in curing those diseases which tend to death, furnish it. In the disorders incident to a sedentary life, or want of attention to the skin, or luxurious habits, a term at a "water-cure" is of great use. Fifteen or twenty dollars a week for board and treatment, is pretty sure to secure attention to directions; and free exercise in the air, with thorough cleansing of the skin, a moderate diet, with freedom from ordinary care, are sufficient for a cure. But, except the expense and the name of it, one could better have secured it with a gun or fishing-rod among our mountains.

From a personal acquaintance with a very popular *cure*, I am free to

say that few physicians have healthier or more comfortable-looking patients than are to be seen there. In acute diseases, so far as that *cure* is concerned, the treatment has not been successful. Nor could it be rationally expected otherwise, when the physicians could in a post-mortem report, published over their own names, claim that the patient's heart was diseased, because "there was some fat about the base of it, and the walls of the left ventricle were fully twice as thick as those of the right"; confounding a perfectly natural condition with fatty degeneration in the first case, and with hypertrophy in the last. Nor ought it to excite surprise that such an ignorance of anatomy and physiology should have appeared in the report; for Priessnitz claimed no knowledge of these, and Wesselhœft could not surpass his master.

The following statistics, taken from the *Glen-Haven Cure*, by Dr. Jas. C. Jackson, is not altogether without significance. The character of the patients, as given in that, exactly coincides with the results of my own observation.

Five hundred and eighty-nine patients reported; of these, *five hundred and forty-four* have been accustomed to *dose themselves with patent medicines*. 216 have been treated homœopathically; 226 by the *Botanics and Eclectics*; previously by water-cure, 97; by galvanism, 19; and by spiritual communicationists, 2. Of these, one had taken *one hundred and four* bottles of Townsend's Sarsaparilla, and 33 bottles of Vaughn's Lithontriptic Mixture. The others had taken, some of them, 25 boxes of Brandreth's Pills, Moffat's, &c., in proportion. How many were cured was not specified, though it is to be inferred all were. Hypertrophy of the heart, curvature of the spine, and tumors of the uterus, are reported as cured! Although Dr. J. informs us in the report that he is *somebody*, most persons, understanding the nature of these complaints, would quite as willingly credit him with an error in diagnosis, as with having cured such complaints. If the proportion of those accustomed to quack treatment at this Cure, be not greater than at others, it shows pretty conclusively to what class in the community hydropathy belongs.

Nor is it any argument in favor of this system, that converts are made to it from the regular profession. Few possessed of good judgment, a thorough knowledge of the principles of medicine, and a fair amount of practice in the regular way, can be found among these. The fact that clergymen go over to the Romish church, proves just as conclusively the superior excellence of that church, as these changes do that of hydropathy! Nor is the oft-repeated argument from the cures of any value, for Perkins's Tractors cured 5000 cases of every form of disease, in a few months. Nor was there ever a quack by whom cures were not claimed to be performed, and, as his advocates affirmed, *proved* to have been done. The regular profession can show more real cures, than all others can of both real and imaginary.

The free use of water in health, does not belong to hydropathy; and the use of it as a remedial agent had been long in use when Priessnitz was born. All that can be claimed as the discovery of the sage of Graefenburg—for his principles and practice are hardly more regarded by his followers now, than are those of Galen by the regular profession—is

the dogma, which even the limited experience of hydropathists has failed to establish, that water is sufficient for the cure of all diseases, and the assertion that all other remedies are worthless or pernicious, which the experience of ages expressly contradicts.

Of the immaterial class, Homœopathy is the system chiefly in vogue, and will therefore claim the chief attention. This, in common with Kinisipathy and Tractorpathy, claims to exert its power through a certain mysterious force; but whether this is of a spiritual nature, as Hahnemann stated, or of an electric character, as some of his followers contend, is not decided, for "who shall decide when [such] doctors disagree?" It is not my design to give a history of Homœopathy, or an exposition of all its absurdities. Any one curious to take an allopathic dose of these, is referred to an excellent Essay on Homœopathy by Dr. Worthington Hooker, of Yale College. It is a fair exposition of the system, and if a candid reading of that does not cure one of homœopathic tendencies, nothing but the globules will.

To make a thorough homœopath, a man needs considerable information, and great power of theorizing. His habits of observation, and his practical judgment, must be inferior; he must be credulous, easily prejudiced, and self-conceited, having implicit faith in his experience and reasoning, and a total ignorance of the power and influence of the imagination. Such were the qualities of Hahnemann's mind, and his followers have nearly resembled him.

He was a man of learning, so far as extensive reading could make him one; and he was the prince of theorizers, as his works abundantly show. He observed no facts, and his want of correct practical judgment is seen through all his life. His credulity is evident, from the ridiculous absurdities adopted in his system, as well as from his implicit belief in mesmerism and clairvoyance. His self-conceit is clearly manifest, from his arrogant assumption of having discovered the only true system of medicine. His implicit faith in his own experience and reasoning, as well as his entire ignorance of the power and influence of his own imagination, and that of others, is clearly evident from a perusal of his writings, to any one not possessed of the same mental character. His innate disposition to cheat, will be further evident from his selling common borax at a Louis d'or an ounce, under pretence of its being a salt possessed of valuable properties, and lately discovered by himself.

It is enough for a rational man, to know the character of a founder of a system, and its mode of origin, to enable him to judge whether it be a true and valuable one. If a system of mathematics, claiming to differ from the one in use, and to be superior to it, be presented to me, and I know that the author of it was a man destitute of all mathematical habits, that he formed his system without studying the relations of quantities, and I find, on his first page, two and two make five, or that the sum of the parts exceeds the whole, I should only demonstrate my folly by a serious examination of the system. Nor if he should claim that he had solved the most abstruse mathematical problems by his system, would it impose any obligation to examine it. Yet he might demand it, with the same propriety with which homœopaths demand of us a thorough

examination of their system, and even that we should test it by experience. But as successful experience even would not prove the truth of a system of mathematics based on errors, so will not this test avail for homœopathy, even if apparently successful.

Some clergymen, and many others also, seem fond of demanding for homœopathy such a test; and in return, the physician may with equal propriety demand of them a thorough examination of Mormonism, and even that they shall put it to the test of experience, with its spiritual *wifedom*, and all its other absurdities. But the clergyman replies, I am acquainted with the rules of theological reasoning, the laws of evidence, and the standard of truth; and if the character of the founder of the system, and its plan and basis, do not come up to that, I am competent to condemn it without that trouble. Sir, the physician retorts, I am acquainted with the laws of medical reasoning and evidence, and if a system contradict these on its face, I am competent to condemn it at once. And if I am bound to take your decision, you are bound to take mine.

But physicians have put this system fully and impartially to the test, though of course not in full homœopathic faith. But to require of a man faith in that of which he sees no evidence, is asking too much of rational men. Yet this is what the homœopaths demand, and it is in accordance with the course pursued by those who become homœopaths. First, they have implicit faith in it, and then have no difficulty in seeing evidence where nothing is to be seen. With such rational lack of faith in it, Bonnet and Andral, and other eminent physicians of France, have fully tested the homœopathic system and globules, paying the strictest attention to the rules of Hahnemann and others for their administration, and in no case was there the slightest effect produced. Homœopaths themselves have fully tested it, and proved clearly, to all but themselves, that the system was false and the medicines powerless.

That great benefit results in many cases from the adoption of this system, no one doubts. A man under the influence of the delusion before mentioned, that, let him transgress the laws of health as he will, medicine has yet the power to counteract the bad results of his errors, will find homœopathy an advantage. For he will put his trust in medicine; but if his faith in drugs is coupled with a willingness to fulfil the conditions under which success is promised in homœopathy, while he will not obey the laws of health as dictated by science; by taking globules, he will be humbugged into an obedience to the laws of health, and will take the shadow of the name of a drug, powerless alike for good or ill. Here the man, making a fool of himself, is cured by being made a fool of—a good illustration of "*similia similibus curantur*"!

But in what does Hahnemann's theory consist? Like other founders of systems, he has a central dogma, "*similia similibus curantur*," and he affirms that this is the sole law of cure. His reasoning is, that those causes which in a state of health will produce given symptoms of sickness, will cure those symptoms if given when they have arisen spontaneously. This is the foundation of his system. But he adduces no facts in attestation of it, except the limited number which he pretends to have observed, and these no subsequent experimenter has been able

to verify, unless he had beforehand adopted his system. He also affirms that no cure was ever effected, but under this law. Here he has the experience of the world against him, for no one would expose a severe burn to the fire to cure it, and every one knows that cures have been performed by counter-irritation. The mode of cure in the first case would be what is called antipathic, or by remedies of a soothing nature; and in the other, by allopathy, or by curing one disease by exciting another of more manageable character, and in a less dangerous place. The basis of his theory has, thus, not only no foundation in facts, but the facts are all against it.

He makes a great display of accuracy in the details of the "provings" of the various drugs; but it is in details which have no importance or bearing on the subject, and the recording of them proves only that the person so doing, was destitute of that discrimination of mind, and accurate judgment, without which no one is competent to record facts for others. The most trivial circumstances are recorded with all the care of the most important.

But how shall the effects of drugs on the healthy system be ascertained? These must of course be determined, before the drugs can be used in sickness. A man, as nearly healthy as possible, is selected as the subject of the "provings." He abstains from spices, fat meat, coffee, tea, beer, tooth preparations, perfumery of all kinds, old cheese, pork, geese, duck and young veal, a passion for gaming, reading of obscene books, &c., which are deemed by him medicinal, while tobacco and alcohol are not excluded. He now takes the decillionth of a grain of sulphur, for instance, and begins to note the effects. Every symptom, mental, moral and physical, for the next fifty days, are included under the effects of the sulphur. I shall give about a fifteenth part of the effects, as given in Jahr's Manual. Any one wishing for the "totality" of the symptoms, can find it by consulting that.

"Itching in the skin, worst at night, or in the morning in bed, frequently with a sense of soreness, or heat, or bleeding of the scratched part. Eruptions after vaccination; chronic eruptions with a burning itching; miliary eruptions, with a burning itching; scabies, with rash; yellow or liver-colored spots on the skin, moles, herpes, erysipelatos inflammation, with throbbing and stinging, tingling in the limbs, disposition to numbness; easily injured in lifting; twitching of the muscles, fainting fits and spasms, also hysterics; single jerks in the limbs when sitting or lying, epileptic paroxysms, with sensations as if a mouse were running over them; tremors of the limbs. The most complaints *originate only when at rest, and disappear by motion of the part affected or by walking.* Sadness and dejection; melancholy, with doubts about his soul's welfare; great inclination to weep, frequently alternating with laughing; inconsolableness, and reproaches of conscience about every action; attacks of anxiety in the evening; nocturnal fear of spectres, fearfulness and liability to be frightened; ill humor, restlessness and hastiness, caprice, moroseness, irritability and fretfulness, disinclination to labor."

I have thus given perhaps the fifteenth part of the "totality" of

symptoms produced by a decillionth of a grain of sulphur. The rest includes caries of the bones, five fevers, and in short about all the diseases flesh is heir to. Doubts of one's soul's welfare, a disinclination to labor, five fevers, together with moroseness and ill humor enough to destroy all domestic comfort! Adieu to brimstone matches! The provings of *nux vomica* have given twelve hundred symptoms, and all the others in proportion. What a beautiful and concise system! No wonder a homœopathic doctor of my acquaintance was obliged to take his book to the bedside of his patient, and read off the symptoms, and ask him if didn't feel so and so. But he had just got into it, and had not learned it all.

I have only to add respecting Hahnemann's theory, that he states full *seven-eighths* of all chronic diseases is the result of psora, vulgarly the itch. This, he affirms, it cost him twelve years' research to establish, and I presume twelve years labor more will be required to convince rational people of its truth.

Another grand feature of this system, is, the infinitesimal doses in which medicines are administered, and their mode of preparation. This is now where formally laid down by Hahnemann, nor the time of adopting it given, for his first provings were with allopathic doses. Nor does he specify in his provings, when he uses the infinitesimal or the allopathic dose. This, alone, would vitiate his results; for bark, or opium, in a full dose, would give results vastly different from the same in a dose of the decillionth of a grain. He has, however, introduced this part of his system into the notes, and what was thus incidentally dropped, as it were, now constitutes the distinctive part of the system. His mode of preparing vegetable medicines I shall quote after Hooker. He offers no facts in support of this wonderful discovery, but seems, as elsewhere, to have dreamed it, adopted it, and then reasoned of its accuracy from the imaginary effect produced. We have in this another proof of the total want of philosophical acumen and correct judgment of Hahnemann.

The description of his mode of preparing vegetable medicines, which is found in his *Materia Medica Pura*, vol. 1st, p. 96, is as follows:

"To attain the hundredth degree of potency, mix two drops of alcohol with two drops of the juice of the plant, and then mix this with 99 or 100 drops of alcohol by means of two strokes of the arm from above descending. By mixing in the same way one drop from this, with 100 drops of alcohol, you attain the ten thousandth degree of potency; and by mixing one drop of this dilution with another 100 drops of alcohol, you attain the millionth degree. This process of dynamization, or spiritualization, is continued through a series of thirty vials, up to the thirtieth solution. This thirtieth degree should always be used for homœopathic purposes."

Now let us look at the arithmetic of this "spiritualization or dynamization," and by these terms Hahnemann and his followers mean the communication of an immaterial or mysterious power to substances before inert or powerless in such quantities, by trituration and shaking, "so that silex, which from its insolubility is entirely inert, can by this process be so potentized, that a single grain of it would suffice to cure of cer-

tain forms of disease, not merely a world of human beings, but millions upon millions of worlds as thickly peopled as our own." Remember this "potency" is communicated by shaking, and Hahnemann is very explicit on this point. He cautions, again and again, against too many shakes, and adds that "he had latterly been obliged to reduce the number of shakes to two for each dilution, and that these must be made with a powerful stroke of the arm descending"! He had formerly used ten, but he found the medicine became so powerful in a dose of a decillionth of a grain, that there was danger in its use. Nor is this ridiculous idea of "potentizing" medicine by shaking it obsolete; for "Jœnichen's high potencies" are recommended by the New York Homœopathic Journal, on the ground of "having received one and a half millions of the most powerful shakings, counting only those which produced a metallic ringing sound of the glass bottle"; and these all good orthodox shakes, with a "powerful stroke of the arm descending"! Who would not pity poor Jœnichen's arm? Yet these medicines are perfectly mild and harmless, while the same medicines having received only 600 shakes in Hahnemann's hands, "put in jeopardy the life of an infant to whom it was administered." So says Hahnemann, and you may judge of the consistency of the statements, as well as of their probability.

But to return to the arithmetic of these infinitesimal doses. The final "potence," or thirtieth dilution, contains one decillionth of a drop of the original juice of the plant. But how much is a decillionth? We can form little idea of it, for we are beyond our depth in such vast numbers. To express it in characters, we should have 1 for a numerator, and 1 with a string of sixty cyphers for a denominator—thus—

But this gives us no idea of it. Let us take Dr. Post's computation as given by Dr. Hooker, of the amount of alcohol that would be used were none thrown away.

The first would require a hundred drops ; the 2d, about a pint ; 3d, 100 pints ; 4th, 10,000 pints ; 9th, ten billion of gallons, which equals, according to Dr. Parroni, the water of the Lake Aquaro, two miles in circumference. For the fifteenth dilution, a quantity greater in bulk than this earth would be required. For the 18th, greater than the sun ; and for the 30th, greater than a quadrillion of suns."

Let us vary this a little. Take one drop from the pint produced by the 2d dilution, and mix it in the waters of Lake Champlain. Take one drop from this, and put it in Lake Superior. Let the winds mix and shake it well, and then dip up one drop and carry it over to the head waters of the Mississippi, and let its currents and circling eddies diffuse it through all that noble stream. Let it flow down and mingle with the waters of the Gulf; then, taken by the Gulf-stream, and carried up to the coast of Labrador, and thence across to the coast of Norway, let it get a good orthodox shaking in the Maelstrom, and thence be diffused through all the waters of the globe. Will a single drop of this dilution do for a dose? Hahnemann says it is too strong!

Imagine, then, a hollow globe 8000 miles in diameter; fill it with alcohol, and add one drop of laudanum, which will produce no perceptible

effect on an adult. Then make it revolve on its axis, as the earth does, till it is properly mixed and shaken, and a drop from this is too great a dose. Imagine then a globe so vast, that our earth, with the moon at its present distance from it, could be taken in and yet have room to perform its revolutions. Fill up this vast globe with alcohol, and add one drop of laudanum, and let it be diffused through all this mass, and a drop from it is still an overdose. Imagine then a globe whose diameter shall extend beyond the fixed stars, so that were one of these to be now placed on its further side it would be full three years before its light would strike our eyes. Fill this with alcohol, and add the laudanum as before; then take one drop, and "with it moisten 1000 globules, and give one of these for a dose; or if the patient be very susceptible, put one of these in a vial and let him smell of it." Such, says Hahnemann, are the doses he employs. I have not exaggerated, and any one may test the truth of my illustration by actual calculation.

But homœopaths do produce effects with their medicine! Certainly. More than one homœopathic case of medicine has been found to contain, in addition to the "high potencies," all the undiluted powerful preparations of the allopaths—strychnine and veratrine and morphine, and such like drugs, of which the allopathic dose is scarcely larger than a globule. They are there, and they are in the offices of the homœopaths, and when hard pressed they will acknowledge that in some cases they are obliged to use them, as is well known they have done camphor in cholera.

But do they tell their patients that they are dosing them with these most powerful drugs; or do they persuade them they are taking the mild homœopathic globules? Are they, then, honest, or are they not both quacks and knaves? This may appear harsh language, but it becomes the duty of the regular physicians, as conservators of the public health, not only to cure disease, but to expose the practices of those who would tamper with the public health. Nor should they hesitate to claim for themselves the competency to judge of every system and mode of practice.

But if the globulists confess the truth when they admit that in severe cases they are obliged to resort to allopathic remedies, and modes of practice, what becomes of the boasted superiority of their system? Good enough when nothing need be done, but good for nothing when danger is near!

Enough has been said on this system of quackery. Take the books of its founder, and of its advocates, and judge for yourselves. Weigh calmly the system, its origin, and its progress, without reference to the pretended cures it has wrought, and there will be little danger of error.

But, finally, what are to be the effects of all these different "pathies" on the regular system? I answer, confidently, that they will benefit it. The system of medical science has come down through a long series of ages. Unnumbered systems have risen against it, but they have perished, and it has come forth from the contest with increased strength. So will these popular systems of to-day serve to purge out the quackery from it, to lop off its ill-defined and misty borders, and when they shall have passed away, it will stand firmer, and with more noble proportions

than before. Already has hydropathy done much to break up a popular hydrophobia, which the influence of the regular profession could but slowly accomplish. Taking hold on the native quackery of the mind, it enforces the value of water as a hygienic application, which science unaided has labored almost in vain to accomplish. True, it goes to extremes; but the healthy reaction will take place, and truth will be embraced in its purity. So, too, homœopathy has taught, by the same means, what the regular physician could not enforce, that a man's recovery depended not alone on drugs. These systems, appealing to the innate quackery of men, have enforced truths which science had long taught, but which was rejected till gilded by quackery's cunning hand. But the truth will remain when the gilding shall have perished; and thus even these, its bitterest enemies, shall conduce to the up-building of the temple of truth.

### THUMB DESTROYED BY VIOLENCE.

[Communicated for the Boston Medical and Surgical Journal.]

**JUNE 25th.**—J. B., laborer, aged 28, at 4 o'clock, P. M., had the last phalanx of his thumb torn off by being caught in the noose of a halter and drawn through a hole in a plank, and with it was drawn out the tendon of the flexor longus pollicis, which was covered for four inches of its length with fibres of the muscle with which it had parted. The integument which had covered the articulation of the two phalanges of the thumb was much bruised. Covered the wound with lint, and ordered an application of whiskey and water to fore-arm; and sulph. mag.  $\frac{3}{4}$  i.

**9 P. M.**—Fore-arm swelling and painful. Whiskey discontinued. Application of iced water to arm and hand. Bandaged from extremity of fingers to elbow; and sulph. mag.  $\frac{3}{4}$  i.

**June 26th. 7 A. M.**—Swelling and pain abating. Divided integument on two sides of thumb; and dissecting it back, sawed off half an inch of first phalanx, and bringing integument together, secured it with an adhesive strip. Bandage and water continued without ice.

**11 P. M.**—Arm swelling, with some pain. Ice renewed.

**27th. 8 A. M.**—Pain and swelling gone.

From this time there was no trouble in the arm. A small portion of the integument was so bruised that it sloughed away; but it healed kindly, and was well on the 21st July.

*Terre Haute, Ind., July, 1853.*

JOHN G. STEVENSON, M.D.

### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 17, 1853.

*Hydro-Electric Voltaic Chains.*—Remedies are likely to be more numerous than maladies. But this fact calls for no lament: the multiplication of means for meeting the contingencies of disease, must be gratifying to

every humane feeling. A new principle is no sooner discovered, or the beneficial application of an old one clearly established, than the economical and efficient administration of it becomes a desideratum. Some of the agents which nature employs in her grand operations, cannot be controlled by our simply willing to do so. Many and eminent mechanical geniuses have been employed in perfecting apparatus for guiding and making subservient to human wants and infirmities that mightiest and swiftest of all messengers, electricity. They seem to have accomplished their object; and now, like a chained and muzzled bull-dog, lightning may be imprisoned or let loose, at the pleasure of a child. Dr. Codman, of Tremont Row, Boston, has scores of neatly-finished little boxes, which contain Portable Hydro-Electric Chains—all the way in price from nine dollars to two and a half. These chain batteries are curiosities, in construction, independent of their utility. A pamphlet accompanies each set, abounding in wood cuts, illustrative of the position of patients who are to receive the application. Some are having the shock directed through the thorax, the ankle, or wherever circumstances indicate that it would be most serviceable.—A principal feature, however, in the book of directions, is a fatiguing catalogue of names appended to certificates, testifying to the exceeding value of electricity as a therapeutic power. First, there are the heads of medical departments in some of the prominent schools and hospitals in New York. Then follows, in regular progression, an army of restored invalids, made over new, and as bright as buttons. They were of course cured of terrible difficulties. We are reminded by them of the saying of the rope-maker—"there is nothing like tar!" The women figure prominently, and they suffered more than the other sex. Catherine Ward's tooth, Miss Sophia Lyon's rheumatism, Miss Greiner's hysteric colic, and Sophia Bühl's nervous pains which "poisoned my life," were perfectly terrible! England also walks up with her multitudinous evidence in favor of the chains. The note of Capt. Twopenny, late of the 52d light infantry, is worth a pound sterling to the proprietor. France has contributed certificates nobly. There was a national pride at stake, not to be outdone by John Bull or Brother Jonathan. As for Austria, Prussia and Saxony, being secondary governments, not so much ought to be expected. From Germany they sent something, as they did to the World's Fair, to show their sympathy. An immense amount of nonsense is palmed off in this instance, as in all others where a patent right is at the bottom. We have confidence in the value of electricity in very many abnormal conditions of the body, administered by competent advisers; but that it is a sovereign medicine, a panacea for every physical wo, as some of its advocates claim for it, is as absurd as it is untrue. We have never seen these chains in operation, but the workmanship is good and the principle correct. Dr. Rogers, of Boston, has effected excellent results by the use of electricity, but he studies carefully all the circumstances of the case before he decides whether it is best to make an effort. This is the proper manner of proceeding, and confidence is inspired when the chains are confided to responsible, scientific hands. Mr. Pulvermacher's apparatus is unquestionably the best extant, but the book that goes with it does not aid its reputation.

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*Tennessee State Medical Society.*—On its twenty-fourth anniversary, at Nashville, May 4th, John M. Watson, M.D., gave an address on "Retrospective, Perspective and Prospective views of Medicine." A very condensed historical account of the rise of medicine occupies the first part of

the discourse, which shows the author to be well read in the antiquities of the art. He treats, next, of the present condition of medicine, and in the third place contemplates the future destiny of the science. It is a sound, strong exhibition of the energy, tact and talent of Dr. Watson. Nothing like fawning or apologizing for this or that departure from the standard of sound medical philosophy, is discoverable in any page of this excellent performance. Dr. Watson may be prophetic in reference to a coming day. "It is highly probable that in a short time we shall have able scientific men engaged in the treatment of such affections (consumption, cancer, scrofula, &c.). Some modern Jenner may yet give the world an antidote against those diseases. The obstetrician and surgeon are not more distinct now, than will be the pneumatologist, gastrologist, &c., in a coming day." His opinion coincides with that of a large number of leading minds, that specialties are eventually to blot out the old system of being a practitioner of all work. We detect in the address two or three ungrammatical words, which no doubt was the fault of the proof reader.

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*Iowa University Medical School.*—Wherever civilization extends, medicine reaches also. Going to Iowa, and going out of the world, a few years since, were considered much the same thing, but now that Indian territory is a magnificent agricultural region, rich in resources beyond the present imaginings of the people in this region. Their medical school, under the legalized name of the College of Physicians and Surgeons, at Keokuk, is admirably endowed, and equals, in prospects and present patronage, some of its namesakes here at the East. A Medical Journal, monthly, at two dollars per year, is to appear at Keokuk, under the editorial charge of D. L. McGugin, M.D.

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*Virginia Medical Society.*—A copy of the Transactions gives us an opportunity of bearing favorable testimony to the zeal, activity and prosperity of the members. In April last, the thirteenth annual meeting was addressed by James Beale, M.D., in a lively and finished discourse. He understands his mission, and gives dignity to the profession to which he belongs. Thomas P. Atkinson, M.D., of Danville, was elected President for the ensuing year. It was resolved that a medal, or some other suitable testimonial, not to exceed fifty dollars in value, shall be awarded annually by the society, for the best essay upon some medical subject.

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*Female Medical College of Pennsylvania.*—The prospectus for the next course of lectures in the above-named school, is circulating. Verily, we do things in our own way in this country. The ladies are putting their hands to the plough in earnest. There is not a branch of industry or science that they cannot conduct, if they choose. One of the strong women, it is said, actually sails master of a vessel. Miss Dr. Hunt, a keen-sighted, energetic and sarcastic writer, when she indulges her wit, in the course of a public lecture a while since, in Boston, basted the rough sex as she would a roasting turkey, to the no small amusement of the assembly. She was disposed to admit that man had accomplished a great deal—but not every thing; and in enumerating what woman could do, and man could not, she mentioned, as a matter more important to the world's interest than all the rest, *that men could not bear children!*

*La Salle Co. (Ill.) Medical Society.*—The following, from the Secretary of this newly formed Medical Association, is cheerfully inserted. It breathes the right spirit, and which must, if participated in by only a few others of the profession, secure the perpetuity of the society and promote the public good. We should be pleased to receive from the writer some account of the state of the profession in that far-off region.

MR. EDITOR,—On the 29th ult., pursuant to a notice properly given, a meeting of physicians was held at Ottawa, for the purpose of organizing a County Medical Society. At that meeting, a set of By-Laws and a Code of Medical Ethics were adopted, and the following persons were elected to office, viz.:—Dr. C. Hard, President; Dr. E. S. Morey, Vice President; Dr. J. O. Harris, Secretary and Librarian; Dr. P. Kirwin, Treasurer; and Drs. T. Hay, P. Kirwin, E. S. Morey, C. Hard and J. O. Harris, Censors. The physicians here, have been more willing to admit the necessity of such a society, than to co-operate with each other, heretofore, in its organization; and even now, at the meeting referred to, not more than half of the Regular Physicians of the County were present. However, I have no fears for the success of the society, for a few of us are determined that it *shall* be sustained, and when that is the case, you know, “there is no such word as *fail*.” J. O. HARRIS, M.D.

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*American Medical Society in Paris.*—To THE EDITOR. Sir,—Will you favor the American Medical Society by inserting in your Journal the following announcement?

Most respectfully, yours, E. E. WILSON,  
*Paris, July 16, 1853. Corresponding Secretary.*

At a meeting of “The American Medical Society in Paris,” held June 28th, the following persons were elected officers for the ensuing four months; viz.—Adino B. Hall, M.D., of Mass., President; J. Francis Mason, M.D., of Va., 1st Vice President; Wm. E. Johnston, M.D., of New York, 2d Vice President; E. E. Wilson, M.D., of Pa., Corresp. Secretary; Elkanah Williams, M.D., of Ohio, Recording Secretary; John A. Murphy, M.D., of Ohio, Treasurer; Samuel Goudiro, M.D., of S. C., Librarian.

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*Medical Queries respecting the Crucifixion.*—MR. EDITOR,—In the number of June 15, I saw some remarks of yours in relation to Dr. Phelps’s opinion respecting the flow of water from the Saviour’s side. He says that water in the pericardium, sufficient to flow, indicates disease. Is he not aware that serum is often poured out into the pericardium, as well as into other cavities, during the struggle immediately preceding death from acute disease or long continued violence? The Saviour hung three hours in the greatest agony on the Cross; and who wonders that the exhalants of the surface, as well as those of the internal cavities, should pour out their contents freely as “he bowed his head and gave up the ghost.” Even the contemplation of his sufferings in the garden of Gethsemane, caused him to “sweat as it were great drops of blood falling down to the ground.” Again, Dr. P., “after a variety of ingenious and elaborate arguments,” has presented “a new theory,” which is that the serum is separated at death *and not before*; therefore, “reasoning from effects,” the “Saviour must have been dead when the wound was made.” Now if this “indefatigable student of the bible,” as you term him, will

just turn to the 33d and 34th verses of the 19th chapter of St. John, he will there find sufficient evidence of the Saviour's death without the necessity of "reasoning from effects." The account is thus recorded :—" But when they (the soldiers) came to Jesus and saw that he was *dead already*, they break not his legs ; But one of the soldiers with a spear pierced his side, and forthwith came thereout blood and water." I think, therefore, that "the common opinion among theologians" is the correct one ; that the water came either from the pericardial or pleural cavities ; that it was not the result of any disease, but deposited there during the *articulo mortis*.

H. N. MATTISON.

Providence, August 12, 1853.

*Medical Miscellany.*—Both cholera and yellow fever are fatally prevalent in Cuba.—Mrs. Tamar Sheeley, aged 64, wife of Jacob Sheeley, aged 90, residing at Neversink, it is said became the mother of a living child, week before last, and it is doing well. This case is one of importance to physiologists ; and also, in legal medicine, it may be of use by way of precedent in some future knotty question in regard to legitimacy.—Henry Bronson, M.D., and B. Silliman, Jr., M.D., have been appointed successors of Professors Silliman and Ives in the Medical Department of Yale College. Mr. Silliman is also to be instructor in Chemistry in the Academical Department. Prof. John A. Porter has been appointed Professor of Analytical and Agricultural Chemistry in the Philosophical Department.—Edward Emmons, of Ridgeville, Ohio, died of hydrophobia in 48 hours after the development of the disease—he was bitten by a dog last March.—A stone, bearing the name of Hahneinann, from the town of his birth, is to be placed in the Washington Monument, by a committee of the American Institute of Homœopathy.—Dr. Barron, formerly of Palmer, who has been for some time past digging for a mineral spring at Ballston, N. Y., by "spiritual direction," has been successful after digging some 18 feet ; most of which distance was through solid rock. The fact is cited as another proof of the genuineness of spiritualism.—Smallpox is raging at the Sandwich Islands in a more terrific manner than ever before known.—Yellow fever is sweeping all before it at the South and in the West Indies.

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TO CORRESPONDENTS.—In addition to papers before acknowledged, we have received the following :—Use of the Tampon in Abortion ; Quackery by "Itinerant Doctors ;" Queries to the Essex North and Bristol District Medical Societies.

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DIED.—At Roxbury, Mass., Dr. John Dwight, 78.—In New Orleans, of yellow fever, Dr. Nye, formerly of New York, and Dr. Taft, formerly of Boston.—At Philadelphia, Dr. John Petit, 48, distinguished for his active benevolence.—At Worcester, Mass., Calvin Newton, M.D., president of and professor in the Medical Institution in that city.—At Fort Ontario, Dr. Lawrence Sprague, a native of Boston.—At Westminster, Mass., Dr. Henry M. Lincoln.

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*Deaths in Boston* for the week ending Saturday noon, Aug 13th, 136. Males, 82—females, 54. Accidents, 3—inflammation of the bowels, 7—disease of the bowels, 2—inflammation of the brain, 4—disease of the brain, 4—burns and scalds, 1—consumption, 7—convulsions, 2—cholera infantum, 24—cholera morbus, 5—dysentery, 13—diarrhœa, 2—dropsy, 3—dropsy in the head, 3—drowned, 3—infantile diseases, 9—puerperal, 1—erysipelas, 1—typhoid fever, 1—scarlet fever, 1—hooping cough, 2—disease of the heart, 4—hemorrhage, 1—intemperance, 3—inflammation of the lungs, 1—measles, 1—old age, 3—rheumatism, 1—pleurisy, 1—suicide, 2—inflammation of the stomach, 1—scrofula, 1—sunstroke, 4—disease of the spine, 1—teething, 9—thrush, 3—tumor, 1—unknown, 3—worms, 1.

Under 5 years, 80—between 5 and 20 years, 9—between 20 and 40 years, 24—between 40 and 60 years, 13—over 60 years, 10. Born in the United States, 101—Ireland, 29—British Provinces, 3—Germany, 2—Scotland, 1. The above include 14 deaths in the city institutions.

*Phlegmasia Dolens relieved by Cold Water.*—On the 2d day of April, 1852, I was called to attend Mrs. A. in her first confinement. The labor progressed rapidly, and she was soon delivered of a fine, healthy child, with no untoward symptoms except excessive flooding, which, after great prostration, was arrested by the ordinary remedies. She was doing well up to the 9th, when she complained of a pain, which she described as a "cramping pain," in the calf of the right leg; this continued to increase during the following 24 hours, until it became of the most excruciating character; then successively the thigh, groin and hip became affected, the pain becoming more severe as the disease advanced; at the same time the limb was hot and swollen; in short, I might say, that there were present all the symptoms of a veritable case of *Phlegmasia Dolens*, perhaps more properly termed Crural Phlebitis, commencing as it sometimes, but not frequently, does at the lower instead of the upper part of the limb. This case was treated in the ordinary way, with the exception that depletion was not resorted to, which was inadmissible, on account of the great debility occasioned by excessive flooding at the time of her accouchment. The remedies seemed merely to act as palliatives, without checking the progress of the disease; for on the 20th, the same symptoms began to make their appearance in the left leg that had been complained of in the right.

Being satisfied that if my patient was to suffer again what she had just passed through she must certainly succumb (for it had already become necessary to use stimulants pretty freely), I determined upon a different course of treatment. I ordered a tub of the coldest spring water, directing it should be constantly poured upon the left leg for half an hour, after which wet cloths were to be applied for the same length of time. These applications were made to the whole limb, for the thigh had now become affected.

The next day my patient informed me, that the limb to which the water had been applied felt much better, though it was still very painful, and I discovered, on examination, that the redness along the course of the vessels and swelling had somewhat subsided. The right leg was still painful. I directed the same application to both limbs to be repeated, at least twice during the day; which was again followed by very great relief. Indeed, it was only repeated for four successive days, when the inflammatory action had entirely subsided, and my patient was free from pain. It is unnecessary to state that her recovery was speedy from this date.

Without comment, I leave it with you and the profession to decide upon the propriety of the indiscriminate use of cold water in such cases, before the cessation of the lochial discharge.

In this case there were no bad effects; no suppression of the discharge; but what the consequence of its application at the onset of the disease might have been, I do not pretend to say. I also leave the case for the blind exultation of the Hydropathist, without going into an argument to prove that the use of water in this case is not empirical, but that it is scientific practice, founded upon the true pathology of the disease; which is essentially of an inflammatory character, whether this inflammation be seated in the absorbent or venous system.—*N. O. Med. & Surg. Jour.*

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*New York Medical College.*—Dr. J. H. Whittaker has resigned the Chair of Anatomy, which is to be occupied by Dr. E. R. Peaslee, formerly Professor of Physiology and Pathology. Dr. Edward H. Parker, of Concord, N. H., succeeds Dr. Peaslee in his chair.

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## DR. ZIEGLER ON HÆMATOSIS, ITS NATURAL AND ARTIFICIAL INDUCTION.

[Continued from page 54.]

THESE effects and phenomena are especially exhibited in numerous degenerate conditions depending upon or associated with deranged states of the blood, particularly from imperfect aeration and arterialization of that fluid, thus causing directly or remotely those more ultimate modifications of the hæmatomic and nutritive processes resulting in abortive or defective development of the solids, as tubercle, scrofula, &c., the tuberculous matter, in fact, appearing to be originally but a mere abortive modification of the albuminous component of the blood. In these and all similar affections, the beneficial effects derivable from the more perfect induction of the hæmatomic changes by a free exposure to, and a due supply of the atmospheric influence and elements, is well known, but not sufficiently appreciated. In the earlier stages of tuberculosis, particularly before the formation and deposition of tuberculous matter, the augmented supply of the necessary chemical elements and additional stimulus, for the greater promotion of hæmatosis and the invigoration of the vital forces, afforded by the nitrous oxide, or even the increased quantity and accelerated appropriation of those of its prototype, the atmospheric air, and probably, also, an artificial preparation analogous to the former, composed of a similar proportion of its elements oxygen and nitrogen, physically associated, will no doubt always speedily modify and correct this tendency and condition. When, however, a mass of tubercle is deposited, and the morbid process for further development and degeneration is in full activity, this, and its analogous agents, through their elements, stimulus, &c., then not only primarily ameliorate the effects of the functional privation of the aerial elements, but, by compensating for the general loss sustained through the organic modification, thus, to a certain extent, remove its existing injurious influences and avert further general and local derangement; while, at the same time, by additionally promoting general normal action and obviating abnormal tendency, they exert a powerful energy in entirely modifying and removing the existing organic aberration, and in finally correcting the original diathesis.

This is the result of my experience with the nitrous oxide in this affec

tion, having additional evidence to that formerly reported of its highly beneficial effects, not only in the early, but in the more advanced stages, in preventing the full development of this diathesis and the formation of tuberculous matter; and, also, of its removal and correction after its deposition and inception. It is not, however, asserted or expected that when the existence and production of this morbid process and matter is in such great excess as to implicate the general energies and destroy the vital organs so extensively as to prevent the continued operations of the organic processes, this agent, its analogues, or any other agent or combination of means, will be sufficient to restore health or preserve life; though believing that, even where the organic structure and processes are so materially destroyed and deranged as to admit of no possibility of ultimate recovery, the former offer the most natural and effective means for supplying the prominent deficiencies and wants of the economy, the prolongation of existence, and the mitigation of some of the most troublesome and annoying accompaniments of this disorder, as pain, irritation, cough, oppression, &c. Besides, the employment of such agents will not only modify, but obviate and avert the tendency to those frequent complications and concomitants of this affection, exaggerated as they so often are by accidental circumstances, and which ordinarily soon destructively interpose, before the necessary conservative changes can be effected; as it is obvious that it will require, under all plans of treatment, a definite period of time for the removal of such extraneous matters and the full restoration of the healthy processes, especially more protracted, when the organic structure is greatly implicated, the morbid process far advanced, and the general energies much impaired. Therefore, under most circumstances and in all the principal therapeutic respects, these agents—viz., nitrous oxide, its analogous compound of oxygen and nitrogen proportionately but physically associated, and condensed atmospheric air—afford, it is believed, greater prerequisites for the successful treatment, where that is possible, of such conditions, than other medicinal measures, they being viewed in this light, though not strictly so according to the ordinary acceptation of the term, bearing in reality a closer relationship to the more positively hygienic, as food, air in its ordinary state, &c.

These agents are also especially applicable to those cases of simple lassitude and inertia, usually preceding such affections and consequent upon defective hæmotosis and nervous energy from similar primary functional privation of air, arising from living in confined habitations, sedentary habits, depressing mental emotions, &c., which by modifying the respiratory or aeratory processes and the generation of vital energy, so often retard and frequently derange the healthy actions of the economy, and thus immediately or ultimately induce other and more complex functions and organic derangements.

The nitrous oxide, particularly, will also prove highly useful in those instances of rapid and sudden, partial or complete asphyxiation, from the imperfect aeration of the blood and depression or abeyance of the nervous forces, as those of newly-born infants, strangulation, drowning, and in suffocation generally; those conditions previously alluded to differing from these in reality only by being primarily and principally the results

of prolonged moderate privation of atmospheric air—or, in other words, a state of constant partial asphyxiation.

Again, in those other more complete and positive modifications and degenerations of the blood and vital energies, induced by the action of narcotics, and other poisons, as malaria and miasmata, of which the adynamic and ataxic fevers and analogous depraved conditions are a consequence, and those other systemic contaminations arising from the action of corrupt mortuary animal matters, syphilitic virus, diseased and poisonous secretions of animals, as those of rabid dogs, serpents, &c., and in fact all similar depraved and vitiated states of the blood, the nervous and general system, from whatever cause, as well also as those more purely deranged nervous states from excessive stimulation, and the inordinate use of alcohol, opium, tobacco, &c., as delirium tremens, and those conditions depending more exclusively on the failure or privation of cerebral and nervous power, as dementia, paralysis, chorea, &c., the nitrous oxide, by its properties of destroying and counteracting such principles and derangements, through its chemical, physiological, and renovating influences, will, it is believed, always prove an exceedingly energetic and efficient agent of conservation, correction and restoration.

In its apparently more local tendencies, through, however, its general properties and influences, the nitrous oxide also operates with surprising promptness and efficiency, in producing mitigating and curative effects similar to those mentioned in the previous more particular reference to the special derangements of the pulmonary apparatus. In this respect, in its tendency to, and action on, the renal apparatus and function, it is not only unsurpassed, but unequalled, being more certain and reliable as a diuretic than any other known agent, in consequence of its compound property of supplying the prominent chemical elements for the renal secretion, and of generating its solid components, especially urea. In its influence over the processes of which this secretion is a consequence or concomitant, it is somewhat paradoxical, as it not only increases its quantity when deficient, and reduces its proportion when excessive, but improves its quality when defective. This apparent inconsistency is, however, readily explicable on the principle that, by restoring the healthy condition of the blood and equalizing or even increasing the normal components of the secretions generally, and this one especially, it thus modifies deranged, and induces regular or even exalted, normal action. This explanation is sustained by the analogous effects of another remedial agent, of a different character, however, viz., mercury, in its influence over the system generally, and the operations of the liver more especially, in exciting, moderating and correcting the deficient or vitiated action and secretion of that viscus. In fact, excessive, defective or perverted action and secretion generally are probably more frequently a consequence of the previous deficient supply of the material or chemical elements for the formation of the components, or essential prerequisites for the healthy performance of such, and the efficiency or regularity of action necessary to the equality, harmony and perfection of the organic operations and general functions and relations, than is even yet admitted or recognized.

These facts are the result of experience, and easily demonstrable, and

particularly in relation to the latter, by, previous to the administration of the nitrous oxide, determining the partial absence or disproportion of the normal components of the secretions, or the existence in them, that of the renal secretion especially, of extraneous substances, as glucose, for instance, the frequent presence of which in the urine from imperfect aeration of the blood has been demonstrated by Reygnoso, whose observations I have verified so far as I have examined; and then, subsequently to its administration, testing it again. It will be found that these extraneous substances have then disappeared, and the natural components have been restored in their regular or even increased proportion, while, at the same time, the primary affection is either materially modified or has completely vanished, requiring, of course, a shorter or longer period according to the intensity, character and complications of the disorder or derangement, though always more speedy and certain than the means usually employed.

The applications of the nitrous oxide to the derangements implicated or connected with the secretory apparatus, are, therefore, numerous and sufficiently apparent to render unnecessary a more particular reference to them. Still, in consequence of the great importance of the subject, and the firm belief that this agent and its analogues will always prove useful and positively curative in many conditions now not at all or but partially under remedial influence, I will briefly specify, in addition to former general allusions, some of them; and particularly such as are included in, and are related to the lithic diathesis in its most extended connections. Among these I will mention those of the uric, oxalic, lactic, phosphatic and hippuric acids, and the xanthic and cystic oxide diathesis, all of which, though more especially incidental to, or associated with the renal apparatus, are a consequence of deranged action in the general economy, and thus often a direct cause of further local and universal disturbance, as gout, rheumatism, &c. Those connected with other organs, as the concretions of the liver and gall-bladder, composed as they are, frequently and principally, of cholesterin, may also be mentioned; and, finally, those other analogous morbid matters and associations found in different parts of the body, and all of which, doubtlessly, immediately and primarily result from a deficient supply of the chemical elements of this agent, either one or both, as the case may be, necessary to the normal transformation and disintegration of the nutritive materials and tissues, and the ultimate evolution of the healthy excrementitious products of the economy.

The atmospheric air and its analogues, by thus furnishing the requisite elements, oxygen and nitrogen, and inducing and forming the necessary chemical interchange and combination with the systemic hydrogen and carbon, and the metamorphoses of the compound substances of the economy, resulting in other mutations and the consequent development of the primary and ultimate organic products essential to the general and special functions, thus preserve and equalize the universal play, harmony and reciprocal relations of the vital operations, and more positively insure the successful accomplishment of the final objects of existence.

Thus through their general physiological and chemical properties these

agents, and the nitrous oxide more especially, exercise a powerful and *sui generis* influence in promoting the normal assimilative and disintegrative changes indispensable to the due performance of the healthy processes and purposes of animalization, and consequently are especially applicable and useful in correcting the abnormal aberrations of such, so frequently resulting from accidental circumstances, the activity of the various agents and influences existing in nature and the privation of the stimulus and elements of the atmospheric air, encouraged and promoted as they so freely are, by the ignorance, weakness and passions of mankind.

In fact, the range of therapeutic application of the nitrous oxide and that of its analogues, is so extensive that the limits of an ordinary article would barely afford space for a mere nomination of the special derangements; yet as these have been in former publications as well as in the preceding part of this paper generally alluded to, and as I hope, at some future time, to present an extended analysis of the whole subject, with numerous facts in illustration and confirmation of the truthfulness of the principles and views heretofore and herein advanced and advocated, I will only at present continue these observations sufficiently to premise some general remarks on its analogous principles, viz., an artificial compound, consisting of a physical commixture of its elements in similar proportion, or the admixture of an additional quantity of oxygen with the atmosphere, atmospheric air, and oxygen; and then conclude with some comments on its preparation, combination and exhibition, and the general relations of the subject under discussion.

Oxygen is generally considered to be the essential chemical element in the evolution and promotion of organic or life action, and those relatively active agents of which it is a constituent, especially the atmospheric air, and nitrous oxide, as owing their chemico-physiological properties solely to its influence; but as before shown, this does not seem to be the fact, there being a peculiarly-marked and distinctive difference between the action of these several principles. Still there is no doubt of its importance and power, alone or thus associated, in promoting and modifying the organic changes and processes. And it is a singular, it might truly be said, a wonderful circumstance in the history of medicine, that it, and its specially analogous, though compound gaseous bodies, should have been so long and almost completely and universally neglected as salutary and remedial agents in the prevention and rectification of the numerous derangements of these processes, particularly as so many of them have been attributed solely to its privation, and especially as this course is strictly in accordance with nature and reason, to thus supply the existing deficiencies upon which derangement depends, by resorting directly to those agents which are absent, whose presence and influence is required, and whose action is necessary to the perfection of the organic operations and in unison with the laws by which they are incited, sustained and governed.

But as experience has shown that this single agent oxygen separately does not produce those striking and peculiar physiologic and therapeutic influences induced by, and derivable exclusively from both its natural

and artificial, mechanical or chemical combination with nitrogen, as the atmospheric air, nitrous oxide, &c., it seems most natural and reasonable to preferably resort to these compounds for such purposes. These elements, in their natural association, being the active ones in the promotion of the normal organic operations, and their privation the frequent direct and indirect cause of derangement in such, must necessarily be the only or principal ones in their prevention, amelioration and rectification. Yet as many deranged conditions may depend upon the more exclusive deficiency of oxygen than of its associate nitrogen, the proper relation may be obtained and the equilibrium restored by the artificial addition of sufficient of the former to a limited quantity of the atmospheric compound already universally existing, thus forming an artificial physical association of these elements, in similar or greater proportion to that existing in the chemical combination of the protoxide of nitrogen. Still as this physical commixture of these elements does not afford the peculiar chemico-physiologic and therapeutic stimulus and effects directly derivable from their chemical compound in the form of nitrous oxide, nor the more direct action of the nitrogen, where that is desirable, this latter agent is preferable in numerous instances.

[To be continued.]

#### EXCESSIVE STUDY IN OUR PUBLIC SCHOOLS—MEDALS, &c.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—If I mistake not, you have somewhere, within a few years past, alluded to the subject which heads this article. I am confident it demands still further investigation.

The writer has ever felt the deepest interest in the cause of education. Indeed, this could not well be otherwise, from having been engaged for several years as a practical teacher. He trusts he still feels as much anxiety for the systematic and thorough education of the young, as any of this community; though bound to protest against the *great amount of study* required of pupils in our public schools. He therefore begs leave to call the attention of the readers of the Journal, and also of the Boston School Committee, and the other city officers whose duty it is to manage these schools, with the teachers and parents, to a few *facts*.

Some weeks since, I was called by a lady to visit a sick daughter, aged 10 years. I found a beautiful little girl, complaining of severe pain in the head, with slight feverishness, nausea and vomiting. In short, she had all the symptoms of *hydrocephalus*; and, so far as remedies were concerned, it was a desperate case. Her mother said, "the child had always been ambitious, a hard student, and, usually, at the head of her class; but for the last three months her health had been delicate. She had complained of almost constant headache, and could not remember her lesson. She would cry rather than go to school, because her teacher would keep her after the dismissal of the other scholars; and cry rather than stay at home, because her teacher would then put her down." In a word, she there laid the foundation of a disease

which early carried her to the grave. Her teacher was a kind-hearted lady—visited her in her sickness, and consoled with the family at her decease; but little thought that the requirements under her own *iron laws*, or those who employed her, caused her death. *Yet it was even so.*

Upon referring to my note-book, I find I have been called to treat several other cases of nervous disease, within five or six years past, induced by similar means. One or two of these may be related.

A sprightly, active girl, 13 years old, had been an excellent scholar—one of the first in her school, and had been toiling for a *medal*. She became nervous and highly excitable. *Chorea* followed. She could command neither the use of her feet nor of her right hand. She could not endure the thought of leaving school, for she was almost sure of a medal. Disease, however, compelled her to leave off study, and pursue a course of hygienic and medical treatment. She recovered, but it was many months before she could be called well, or was prepared to commence study again; and it will be years before her health can be fully confirmed.

A gentleman of my acquaintance, five years since, had two fine sons. The elder was strong and athletic, and bore the iron bondage and severe discipline of toiling for a medal and coming fully up to the task of “making brick” in the Boston schools. He won the prize, and had a medal hung around his neck. It did not kill him. But not so with his younger brother. He was naturally of a more nervous and excitable temperament; and, though more feeble physically, he was no less ambitious mentally, than his elder brother. In a word, his health was ruined by excessive study. But not the School Committee and the Teacher alone were responsible; his parents also encouraged instead of checking this ambition. Their language was, “Your brother took the medal, and *you must not fall behind him.*” Thus stimulated, at home and at school, he ruined his health.

*Precocious* children are most exposed to this evil; and it was among such that infant schools, so common in this country some years since, did no little injury. But as these schools have now been discontinued among us, it is unnecessary to speak more particularly of them.

The ground of our complaint in this matter is, the *tasking all alike*. This is as inconsistent as administering the same medicine for the small-pox and a sore toe; or like the giant’s bedstead, fitting but few, and stretching or cutting off many.

Who, that has been in any degree conversant with children, and especially with teaching, does not know that some children can learn in the same time twice as much as others. Who that has a particle of discretion, would think of giving a boy, who could not commit to memory half so fast as another, the same task? And yet, is not such precisely the course pursued in these schools? No allowance is made for the native quickness or genius of one pupil over another. Each must indeed bear his own burden; and the duller, the same as the more acute. But this is not all, though this of itself is sufficiently disheartening to one who is hard to learn. What is still worse is, no allowance can be made upon such a system for indisposition, or for those of slender con-

stitution. There are many of this class, possessed of the finest intellects, the brightest talents and the most sensitive feelings; but they are corporally unable to apply themselves—"the spirit is willing, but the flesh is weak." In the beautiful language of the famous "Temperance Tales"—"the sword is too sharp for the scabbard." It is not only unwise, but unjust and cruel, to place youth of this description where they must necessarily compete with those whose clayey tenement is tenfold stronger than their own. It is reproaching the God of nature, who alone has made them to differ. It is placing the feeble in a position where they must inevitably fail of success, and that where the failure will enhance their native sensitiveness (always too great) an hundred fold.

Another objection to our schools, is the unnatural stimuli which are applied to the scholars in the form of *medals*. This looks very plausible in theory, and surely it is a very pleasant thing for a child to get a medal. It encourages *him* and pleases his parents, &c. &c. But we think it does not require great wisdom to discover that this whole system of medal distribution is wrong—"it is evil, and only evil, and that continually."

It is an evil to the *successful* candidate. It stimulates his pride—excites those very feelings and passions which every wise and prudent parent or teacher, who desires to cultivate the heart, finds it the most difficult to suppress. As long as human nature *is* human nature, it will be of little avail for the mayor or the committee-man, as he puts the blue ribbon around the child's neck, to tell him, "This is a distinction of merit, and now, you must not be proud of it, nor think more of yourself than you ought, or less of the unsuccessful scholars than you do of yourself." The intellect which has been fed for months, perhaps years, quickly reasons like the following—"For what have my parents and teachers been stimulating me the year past by constantly urging upon me the importance of gaining a medal? For what have I been laboring all this time? Surely, it cannot be after all to think that I am no more deserving of this prize than others who have not received it. Such a construction would impeach the judgment, if not the uprightness, of the committee. It is true, I know not how to reconcile the exhortations now given with the motives presented while pursuing my studies; but never mind, I will practise upon my own views of the case." The result is, that the youth becomes proud, vain, insolent. He despises the unsuccessful candidates, instead of cherishing sentiments of kindness towards them. This is bad, *very* bad. It has a more pernicious influence upon the *heart*, than all the good the intellect ever received from these false stimuli; and it is the heart which more especially needs cultivating at the present time.

It is productive of evil to the *unsuccessful candidates*. Many of them have labored as zealously, and, by the confessions of the awarding committees themselves, are about as much entitled to a medal as those on whom they have been bestowed. These youth have feelings, hearts, consciences, which must be exceedingly tried on such an occasion. They are often as good judges as the committee, so far as it respects the proficiency of their fellows, and they often see and feel that the rewards must have been bestowed merely out of favoritism. Witness the case

where one of the girls in these schools lately declined the prize, because she was conscious it did not belong to her. The *Boston Post* ascribes to her an angelic nature for this worthy deed. What a pity that such angels must have such temptations *to fall!* And, alas! that the temptations should come from *such a source*—the donors of the medals, the mayor, aldermen, superintendent, school committee, teachers and parents. Would that all the children were such angels as the one here named, for this angelic spirit, thus diffused, would end this evil practice. Under all these circumstances (and others that might be named) the unsuccessful feel exceedingly unpleasant towards their successful classmates, and the committee, and even the whole system. Upon the spur of the occasion, their intellects may have expanded more rapidly than they otherwise would, but it has been at the vast expense of all the benevolent and kind feelings of the heart. All kindness and reciprocity of feeling between those who should be the most intimate, are annihilated by such a system.

It sets the school generally to murmuring and complaining. Let any one witness the wry looks, the sly inuendoes, the out-breaking speech, as the school is dismissed after these *meritorious* rewards have been distributed, and his own eyes will show him enough to convince him that the system is a bad one. What teacher does not know that more, infinitely more, is depending upon the good feelings and kindness of the pupils towards each other, than upon all things else to promote the order, peace and improvement of the school? All this is blasted by the foolish practice of distributing medals. I mean upon the principle on which this distribution is made. And that principle is to stimulate one pupil to outdo another.

It is an injury to the *parents*. If any one doubts it, let him go, a day or two after the examination of the schools and distribution of the medals, and visit the parents of the scholars. If he does not find *ten* dissatisfied, murmuring, complaining and fretting, to one satisfied and pleased, he will make a very different discovery from what the writer of these pages has made. How can it be otherwise? Does any one believe that parents have no feeling or partiality for their own offspring? How many parents are there in the city of Boston, who do not think their children, under the same circumstances and with similar instruction, as much entitled to a medal as those of their neighbors? It is of no avail to say they have an *undue* partiality for their own children—a partiality that needs correcting. This alters not the case. They *have* the partiality, and that is enough. We must take mankind as they are, and act towards them as they are.

The *Boston Transcript*, in a recent article, consoles a correspondent, who complained because a number of the medals at the late distribution were given to *non-residents* of the city, by assuring him that “the *last medals* to those not residing in the city have been distributed.” We wish we could console the citizens of Boston by stating that the *last medals* have been distributed to them; at least till they are distributed upon a different plan than that of stimulation and competition between pupils, unless for punctuality and good deportment.

I have sent these strictures to your Journal, because it seems to be appropriately a *medical* subject; and because you have ever taken ground in favor of everything which is calculated to promote the public *health*. Besides, a number of the Boston School Committee are *physicians*, and all men of sense and judgment, and it is believed they will ere long make improvements as to some of these matters.

In conversing with a member of the committee a few days since, he fully admitted the existence of the fact that there were *too many* studies and *too great an amount* of study in the schools; but added—"these have both been much diminished since Mr. Bishop has been Superintendent of the schools." This is as it should be; but it is apprehended that Mr. B. in this respect has but just *begun* his work. It is earnestly hoped he will live to finish what he has so well commenced. Then we shall see a *greater change* as to the management of these schools. To require a child of from 5 to 10 years of age to sit still and study six hours a day, is outrageous in men of sense and judgment. Here, in our opinion, is often laid the foundation of a feeble constitution for life in those who do not die young or while passing through the ordeal. We may talk of the munificence of our school funds, and the excellence of our public schools, and point the stranger to our palace edifices, &c. All this is very fine—a glory and honor to this land of the Pilgrims, but accompanied with a fearful drawback, a grievous curse, so long as our education *all begins at the wrong end*, the *mind* instead of the *body*.

*Boston, Aug. 16, 1853.*

W. M. CORNELL, M.D.

#### REMOVAL OF A RING FROM A YOUNG LADY'S FINGER.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case may not be unacceptable to the readers of the Journal.

An interesting young lady, about 17 years of age, had presented to her a gold ring, which she forced over the joints of her middle finger. After a few minutes the finger commenced swelling, and the ring could not be removed. The family physician, Dr. ———, was sent for, but could do nothing. The family, and the young lady especially, were now in the greatest consternation. A jeweller was sent for. After many futile attempts to cut the ring with cutting nippers, and to saw it apart with a fine saw, and after bruising and lacerating the flesh, warm fomentations and leeches were applied, but all without affording the slightest benefit. Dr. ——— requested my presence, with the compliment that "perhaps my mechanical ingenuity might suggest something." I at once proceeded to the house of the patient, and found the young lady in a most deplorable state of mental agony, the doctor embarrassed, and the family in a high state of excitement. I procured some prepared chalk, and applied it between the ridges of swollen flesh, and all round the finger, and succeeded in drying the oozing and abraded flesh; then with a narrow piece of soft linen I succeeded in polishing the ring, by drawing it gently round the ring between the swollen parts. I then ap-

plied *quicksilver* to the whole surface of the ring. *In less than three minutes* the ring was *broken* (by pressing it together) in four pieces, to the great relief of all parties.

In a similar manner (without the chalk) I some time since extracted a small brass ring from the ear of a child, who, child-like, had inserted it into the cavity of its ear. The operation was more painful and tedious, but was equally successful.

*The modus operandi.* The quicksilver at once permeates the metals, *if clean* (with the exception of iron, steel, platina, and one or two others), and amalgamates with them. It immediately crystallizes and renders the metal as hard and as brittle as glass. Hence the ease with which metals amalgamated with quicksilver can be broken. A. C. CASTLE, M.D.  
New York, July 26, 1853.

#### AUTOPSY OF THE LATE CALVIN NEWTON, M.D. OF WORCESTER, MS.

[Communicated for the Boston Medical and Surgical Journal.]

DIED, in Worcester, Tuesday, Aug. 9th, Calvin Newton, M.D., after a brief sickness of less than fourteen days. The following is the result of a post-mortem examination of the body, twenty-four hours after death.

*Brain.*—The dura mater was found unusually adherent to the cranium, so that it was with considerable difficulty the skull was removed. On opening the dura mater there was exhibited a large amount of liquid, of a greenish-white color, and closely resembling that found in inflammation of the other cavities of the serous membranes. The surfaces of the arachnoides appeared to have lost completely their transparence—their shiny aspect. The entire extent of the arachnoid membranes was highly injected, giving a bright-red tinge to the whole surface. The serous fluid appeared to be exterior to the arachnoid of the pia mater, and in the sac of the arachnoid itself, around the encephalon. The pia mater seemed to be but slightly involved in the disease; increased injection of the arteries, with unusual redness, being the only perceptible change in its structure. The same was true of the substance of the brain itself. The base of the skull, and about where the optic nerves cross each other, was filled with an abundant opaline liquid. The membrane which lines the ventricles did not exhibit anything positively morbid in its appearance. The liquid contained in the ventricles was simply serous and nearly transparent.

Lungs appeared perfectly healthy—exhibiting no trace of tuberculous formation whatever. Mucous membrane of the bronchia apparently much congested, but no trace of inflammation was detected. The heart, with its valves, healthy in appearance, but large, and unusually surrounded with fat.

Stomach healthy, and its mucous membrane free from disease. Liver and spleen (the latter weighing 12 $\frac{3}{4}$  ounces) manifested no trace of disease. Gall-bladder enormously distended with apparently healthy bile.

The intestinal mucous membrane presented no trace of inflammation throughout its entire extent. Near the ilio-cæcal valve no trace of in-

inflammation could be detected, nor ulceration, nor cicatrices in the plates of Peyer, and in the intervals of the clustered follicles, and no apparent enlargement in the isolated or agglomerated follicles. Glands of the mesentery healthy. Kidneys were found deeply imbedded in fat, but perfectly healthy. The bladder was distended with apparently healthy urine; its mucous membrane was found injected with arterial congestion. There were several rounded earthy concretions or ossific deposits, the size of a small pea, about the neck of the bladder.

There was a large mass of extravasated blood in the right inguinal region, lying within the fibres of the internal oblique muscle, and adjoining the peritoneum, extending down the right groin, testicle, &c. This appeared to have resulted from the rupture of one of the small sanguiferous vessels, and to have accumulated very gradually. There was no trace of inflammation or external bruise to account for this extraordinary effusion.

Respectfully yours,

August, 1853.

H. F. JOHNSON.

#### FOREIGN CORRESPONDENCE—MEDICAL MATTERS IN PARIS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—As the lecture season is about closing, I will devote an hour to giving you a few medical items.

The Lectures of the Faculty of Medicine commence the first of November, and continue till the second week in August; although private instruction continues during the whole year. As the Faculty is composed of twenty-six professors, of course there are various changes among the lecturers during so long a session. One very interesting feature in the medical schools of Paris, is the system of "*concours*;" some account of which may not be devoid of interest to your numerous readers. Having had a fair opportunity, during the past season, to witness how this system is conducted, I will give you a brief account of it. Formerly the professors obtained their appointment by *concours*; now they are appointed by the *Emperor*, but all places below them are determined by this test—such as *agrégés*, *internes* of the hospitals, &c. *Agrégés* are under-professors—*corps réserve*—kept to fill the places of the professors, if absent or sick; or, in case of death or resignation, to supply their places permanently. During the past season, there have been *concours* in medicine, surgery, anatomy, obstetrics and chemistry. The qualifications of a candidate to be an *agrégé*, are—1st, that he must be French by birth; 2d, 25 years of age; 3d, a graduate as doctor in medicine. The term of *agrégation* is nine years, and the *trials* take place every three and six years; consequently only one half of the places are filled at each *concours*. That is, in medicine there are ten *agrégés*, and five are chosen at each trial; in surgery six, and three are chosen; and so on, in other departments.

As a specimen of the trials, I will select those of medicine and surgery as fair examples of others. In the first place, a series of subjects in medicine, surgery or physiology is selected by the Faculty, and given

to the competitors by lot, who have five hours allowed them to prepare themselves, and who are obliged to speak extemporaneously. Second, subjects in medicine or surgery are given out, upon which candidates are allowed three hours time for preparation, in the presence of one of the judges, with closed doors, and without books. Each candidate has forty-five minutes to speak upon his subject at this trial. Third, subjects medicine or surgery; term of speaking the same, with twenty-four hours' preparation at their own domicile. Fourth, lessons clinique; time the same. Two patients are selected in the hospitals, and each candidate is allowed twenty minutes to examine them; then he is to give his diagnosis, &c., before the judges. Fifth, each candidate receives a subject, upon which he must write and have finished a *thesis* within twelve days (and some of them comprise one hundred and sixty pages). This must be defended against the attacks of two of the competitors—each being allowed thirty minutes. Hence each candidate defends his thesis during one hour, and has the opportunity of making two attacks upon his fellow competitors; in the latter consideration he has three days' grace to prepare himself for the onslaught. The judges are seven in number—composed of five professors of the Faculty, and two *agrégés*. The latter have no voice in the final vote for the successful candidate, unless some one of the former is deprived of being present by sickness or some other unavoidable detention.

The *test* of the *concours* is truly a severe one, and well calculated to measure swords intellectually. For instance, that of medicine, last winter, commenced with over thirty competitors; yet before it was terminated, the number diminished to fourteen, out of which only five could be chosen. The trials are all public; hence, at times, as in the *race*, the feeling "*outside*" is intense, as each candidate, in the estimation of his friends, wins, or falls with the prize almost within his grasp. At some of the sittings I have seen twelve hundred persons present. If a man fails, he has but to try again, when the next *concours* comes round. It is said that even M. Velpeau failed twice—but, nothing daunted, succeeded at last.

Perhaps it may be said that this system is open to some objections—that those more ready of speech may sometimes appear to greater advantage than others less fluent, yet at the same time more profound in intellect. However this may be, it is certainly superior to any system where "*preferment goes by favor*." From this hasty sketch you will observe upon what basis these trials are conducted. It was only three or four years since such men as Nélaton and Malgaigne were concouring for professorships. Now they sit in judgment upon others.

In your Journal of May 25, I notice some remarks from the New York Medical Gazette upon the experiments of per-chloride of iron in aneurisms, by Dr. Pravas, of Lyons. Not long since, I saw M. Velpeau, at La Charité, make trial of the remedy in an aneurism upon the left arm of a young man. He injected a few drops, and it coagulated the blood in part, so that the tumor felt somewhat hard. In six or seven days he repeated the experiment; but it did not finally succeed. He then ligated the humoral artery. M. Lenois, at Hôpital Neckar, has used it once,

but without much better success. However, when other cases present, it will be tried again.

M. Bennet, of Lyons, has recently addressed a note to M. Lallemand, upon the employment of the paste of the chloride of zinc in aneurisms. He gives a case where he is using it upon an aneurism in the subclavicular region. It acts as a gradual cautery, destroying and healing, so that several small arteries have been acted upon without producing any hemorrhage. The tumor is nearly consumed, and all seems to promise well. The final result will be given. The idea of using caustics in such cases is not new, but M. B. claims the use of zinc as such.

M. Nélaton, at l'Hôpital des Cliniques de la Faculté de Médecine, operated, one week ago to-day, for stone: the patient, a man. He made the recto-vesical operation—with this exception, that instead of cutting into the bladder behind the prostate, as is usually done in this method, he cut through the prostate itself. As he had diagnosed a very large calculus and several small ones—the latter lying in the prostatic portion of the urethra—he decided on this somewhat novel method. After the patient had been subjected to the influence of chloroform, the anus was readily dilated so as to remain lax, by the fingers, and the operation proceeded in the usual manner. The *lithotome* was used to enter the bladder: in fact, it is preferred by all French surgeons. The largest calculus was nearly round, measuring an inch and a half in diameter. Four smaller ones were also removed, with but little hemorrhage. The anus was not wounded. At this date, patient is doing well. The *great dread* in rectal operations is a permanent fistula.

M. Velpeau has been in the habit, for a long time, of using a solution of sulphate of iron, externally, in erysipelas; and several other surgeons here think much of the collodion. M. Aran, of late, has had the idea of combining the two, in proportions equal by weight. He thinks that the medicinal properties are thus increased, and that, combined, they give a better security to the inflamed skin, from the air and other agents.

Last week, at the Academy of Medicine, a paper was offered, taking the ground that the introduction of the vaccine virus had been the cause of typhoid fever. The *Academy* quietly disposed of it—thinking, perhaps, that the author's *brain* needed *repose*.

Cholera is raging in the East to some extent. At St. Petersburg, July 18, there were 633 patients under treatment, 79 new cases, 31 deaths, and 32 cures. From the intense heat and the absence of rains, the deaths at Calcutta, recently, were 1,100 in two days.

But my hour has expired, and I fear I have already written too much.

Paris, Aug. 1, 1853.

Respectfully,

A. B. H.

#### FOREIGN BODY IN THE WINDPIPE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Thinking the following case may possess sufficient interest, I send it you for publication in your "Journal." The patient—a child a year old—was attacked suddenly, about the middle of last November, with

violent coughing, and a harsh, croupy respiration. I was immediately called, and learned upon inquiry that the mother had given the child a handful of "pea-nuts" to amuse it while she attended to her household duties; and while thus engaged, the coughing, &c., occurred. I became satisfied that a part of a "nut" had entered the windpipe; but as the symptoms seemed to subside, I did little except give an emetic, suspend the child with its head downwards, &c. Forty-eight hours after the accident, symptoms of inflammation of its lungs, of more than ordinary activity, came on, and threatened the rapid destruction of the patient. It having a strong and healthy constitution, I adopted vigorous antiphlogistic measures, under which the more urgent symptoms soon subsided, and in a few days it was apparently as well as ever—was bright and cheerful, except occasional paroxysms of coughing and considerable dyspnœa. A rattling in its windpipe during expiration was audible at some distance, and abundant mucous râles were heard over the whole of the right side of the chest. The dyspnœa became at times distressing. I tried various measures, but without success; not feeling warranted in resorting to tracheotomy. On the morning of the 16th of July, eight months from its introduction, after an unusually severe paroxysm of coughing, the substance was thrown from its mouth a distance of five or six feet, and as it struck the floor, the child pointed to it with its finger, and exclaimed, as if overjoyed at its deliverance, "Dare 'tis, ma!"—And, sure enough, there it was—the half of a pea-nut (with the outer shell removed), measuring three-fifths of an inch in length and about three-fourths of an inch in circumference. The cough and dyspnœa, of course, immediately subsided.

What appears peculiar in this case, is the unusual length of time the foreign body remained in the windpipe, with such a freedom from urgent symptoms, except during the first day or two. For the most of the time the child was bright and playful, as though it experienced no discomfort whatever, and its occasional fretfulness and ill-humor were by no means greater than in most children of that age, in apparently perfect health.

A. H. THOMPSON, M.D.

Walden, Orange Co., N. Y., July 27, 1853.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 24, 1853.

*Treatment of Deafness.*—Less is known of the causes which impair or destroy the sense of hearing, than most medical writers or professed aurists are willing to admit. In the first place, the structure of the internal ear is very complicated, its minute anatomy being understood by few practitioners. So extremely small are some of its winding tubes, that a hair cannot be admitted; and within those, there are membranous tubes, still smaller. Further to increase the complication of the mechanism, the cord of a nerve is threaded, and perhaps kept equi-distant from its immediate sheath by a fluid, upon the presence of which depends the utility of the organ. This,

however, is but the beginning of the internal auditory apparatus; and yet men have the presumption to speak of the cause and seat of deafness, as though they could actually inspect its exact abnormal locality. It is pretty much in this specialty, as was said by a medical writer formerly respecting medicine generally, that there were but four methods of treating diseases, let them be what they might, viz.—by bleeding, purging, vomiting and blistering. Whatever is done for alleviating deafness, in this age of science—and we record it for the consideration of after-times—consists chiefly in syringing the external meatus, penetrating the Eustachian tube, or in topical applications which are usually quite as injurious as beneficial.—There are more deaf people among us than formerly. The population has become large in our cities, and the causes which operate injuriously upon the ear, in the way of loud noises in confined places, are multiplying. The going suddenly from one degree of temperature to another, especially by those with an hereditary tendency, may also be ranked among the causes. Some years since, we instituted an inquiry among one of the tribes of Indians at the West, to ascertain the extent of deafness among them. They actually laughed at the idea of having a pair of ears without being able to hear. There was not a deaf man in the tribe, and many of them had never seen one. A similar research was conducted both in Asia and Africa, among the Arabs with whom we had intercourse; but a deaf person was unknown to those open-air wanderers. It is certain, therefore, that impaired hearing and deafness appertain to a state of civilization. But we need not trace further the conditions of life in which the misfortune occurs, as we are more interested in discovering what relief has been found for it. Electricity, in a partial paralysis of the acoustic nerves, would seem appropriate; but oils, syringes, vesications, leeches, douches, &c. &c., which are now the sum of the treatment, effect nothing, and the patient, after using them, becomes a ready prey for quacks, and a patron of nostrum-mongers. Under these circumstances, the field is open for the practice of some new method, yet to be discovered. Our object, in these remarks, is to quicken the efforts of our medical brethren in this direction. Some bold, intelligent, ingenious surgeon may yet succeed in discovering better remedies than any now known. No man could fail of securing a reputation and its accompaniments, by opening the ears of the deaf.

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*Treatment of Yellow Fever.*—Books, pamphlets, historical documents, &c., abound, quite beyond our ability or disposition to enumerate, on this never-ending topic, yellow fever, about which physicians seem almost to have agreed to forever disagree. By the time a few more millions of men have been swept away by it, and the commerce of great cities ruined, it is possible theoretical remedies may be laid aside, and some method of treatment substituted for saving the sick. We are inclined to the opinion, which has been quite openly expressed by others, that yellow fever has been mismanaged. At a time when scarlet fever had carried off many children in the city of Boston, some years since, a medical gentleman quite resented the remark of another, that the profession did not seem to understand the treatment of the malady. "What evidence can you adduce, sir," was asked, "to warrant such a remark?" "The grave yards," was the prompt reply. The burial fields of New Orleans afford melancholy proof of the inutility of any system of practice resorted to, and hence the propriety of pursuing new measures for the future. As far as we have been able to ascertain,

those for whom nothing was attempted, lived quite as long as others, by their side, who were dosed perpetually, even by the most skilful of the craft. This led to encouragement and trials by the homœopathists, the result not having yet been reported. No doubt, however, if any recover under that treatment, they would have been equally favored had they taken nothing at all.

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*Editorial Bickerings.*—Some people are happiest when they are the most miserable. It is a sad misfortune to be constituted in a way to always feel troubled for the sins of others. Such individuals are well satisfied with themselves, but they suffer on account of the supposed stupidity, perverseness or illiberality of certain persons who refuse to listen to their admonitions, care nothing for their rebukes, nor stand in fear of their frowns. We could, if so disposed, be in a perpetual quarrel, in our editorial capacity, with certain fault-finding gentlemen, belonging to the class alluded to, who are figuring of late in a small way as conductors of periodicals, and who are in constant trouble respecting something connected with this Journal; but there would be no glory in warring with them, neither have we the least disposition to do so, and we shall therefore let them exhaust their wrath in the manner most agreeable to themselves. The Journal is intended as a vehicle of medical intelligence, and will never be perverted to purposes of personal and petty quarrels, or be made an instrument for engendering feuds or propagating party or private jealousies. We have no individual prejudices to indulge, no ill will to gratify, nor a wish to interfere with the business, the prospects, or even the ambitious desires of others. Nor, if we had all these, need our readers fear that space would be occupied in these pages for the public exhibition of them. Those, therefore, who occasionally take delight in throwing a fire brand at us, will only burn their own fingers. The world is large enough for us all; and it will be found easier and more profitable in the end to step aside, if we are in each other's way, than to fight for an inch of ground which we do not need, and which we could not use if we had.

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*Tall, Short, and Fat Females.*—At Concert Hall, in this city, at the time of writing, three females are on public exhibition, who are, individually, curiosities.

Miss Sarah M. Norton, a native of Pennsylvania, seventeen years of age, is *seven feet, four and a half inches in height!* and not yet as fully developed as she may be hereafter. The chest is narrow and flat, her head of good size, arm full and round, with, probably, a short body and long lower limbs. Neither of her parents are above the medium height. Whether the brothers and sisters, all younger than herself, are to be similarly elongated, remains to be ascertained.

Mrs. Ellen Briggs, slightly over *thirty-one inches in height*, is finely proportioned, with a broad chest, a good face, and an agreeable expression. She is about thirty-two years old, and is the mother of three children, two sons and a daughter. They were pigmies at birth, but have a fair prospect of reaching the ordinary dimensions. Mrs. Briggs nursed her children. She attained her growth at nine years, and has remained stationary ever since, for which no cause can be rationally assigned. Her parents, as well as brothers and sisters, were of ordinary altitude.

Lastly, Miss Emma Taylor, from Missouri, a child, seven years old,

weighs *two hundred and nine pounds*. She is a child in character and feeling, with a cheerful face and considerable activity. Time alone can unfold her destiny in the matter of size, which appears now to be gradually on the increase.

Neither of these remarkable persons is suffering from disease, unless it be the last mentioned, the tendency of whose body is to appropriate to itself whatever enters the stomach.

*Medical Herald of Madrid*.—A supplement to No. 31 of the Herald, under date of June 2d, which is in the form of half a newspaper, indicates more vitality on the subject of medical science in Spain, than is generally supposed to exist in that country. It is full of the idea of rearing a monument to the memory of Orfila. Besides what the editor says on his own account, he has collected the expressions of the press generally, and a monument he is quite determined to have in the good city of Madrid. A part of this enthusiasm is due to the circumstance that the great Orfila was a Spaniard. Those wishing to subscribe for *El Heraldo Medico*, which is devoted to medicine, surgery and pharmacy, must direct to Prof. Gutierrez de la Vega.

*Medical Reporter*.—Pennsylvania bids fair to have as many medical journals as schools of medicine. The first number of a new Quarterly, with the above title, under the editorial management of five medical gentlemen, and published at West Chester, has a fine appearance. The pages are principally filled with a transcript of the doings of the profession in West Chester and Delaware Counties—and therefore local in its character; but nevertheless, on account of the cases detailed, valuable to medical readers in any latitude or longitude. The committee of publication will very soon discover that there are thorns in their path. Some men are excellent patrons of a journal while it is constantly heralding their praises; but if anything runs counter to their schemes of personal ambition, editors become monsters to be avoided and decried.

*Organic and Physiological Chemistry*.—We have received a copy, reprinted from the Journal at New Orleans, of our learned friend Dr. Dowler's bibliographical remarks and reflections on Prof. Carl Lowig's Organic and Physiological Chemistry. Dr. D. is a powerful writer. There are neither hacknied thoughts nor borrowed ideas in anything that flows from his skillful pen. We consider him the most original physiological experimenter of the day. As a philosopher, a critic, and a commentator on the elaborations of others, he stands alone, without a rival. As this paper has already been before the public in a well-known periodical, it is unnecessary for us to say more of it here.

*Hospitals for the Insane*.—An important modification of the present system of treating the insane is strongly urged by those conversant with the subject, which may lead, it is thought, to important results. The plan is to have institutions exclusively for each of the sexes; males by themselves and females by themselves. Whether it is contemplated to have one at one end of the State and the other at the other end, we are not informed. What kind of pernicious influences the sexes exert upon each other, pent

up in the extreme wings of a modern asylum, is beyond our comprehension; and for that reason, an explanation of the special benefits that may accrue from sending the masculine lunatics to Dan and the feminine to Beersheba, would be gratifying to us, and might be instructive to legislative bodies, who must necessarily be called upon for both law and money, before the plan can be carried out. Without being opposed to progress in any department of humanity, there is a satisfaction in knowing precisely the why and wherefore, when a great project is entertained.

*Theory and Practice of Medicine.*—A new work will be published at Columbus, Ohio, early in October, from the pen of Dr. I. G. Jones. It is to contain his lectures at the Eclectic School of Cincinnati, and seems intended to be a complete exponent of the system of medicine advocated by a large number of practitioners at the West.

*Medical Miscellany.*—Dr. Stephen W. Williams of Deerfield, Mass., a distinguished physician, is about removing to Rockford, Illinois.—Dr. S. G. Armor, of Millersburg, late occupant of the chair of Physiology and Pathology in the Cleveland Medical College, and Professor of Chemistry and Philosophy in the Iowa Collegiate Institute, has been appointed to the Chair of Physiology and Pathology in the Medical College of Ohio, at Cincinnati.—The last accounts bring fearful intelligence of the ravages of pestilence and fever in Astrabad, Mazraderam, and the Turcoma Desert. In one province, the deaths from cholera number 150 daily. The Shah and court have fled to Inama.—Subscriptions are still going on for a monument to Dr. Jenner. As in all other cases where money is needed and is to be obtained by appealing to the sympathies or patriotism of the people, the United States have furnished a full proportion. The following sums have been acknowledged by the Committee:—Collected, United States of America, £339 12s. 8d.; Russia, £100; Great Britain and Ireland, £153 2s. 5d.—Dr. Dwight Nims, whose appointment as postmaster was mentioned in the Journal a few weeks since, resides at Homer, Michigan, instead of the town of that name in New York State.—The unfinished writings of the late Dr. Morrow, of Ohio, are to be published.—Nine brothers by the name of Tomlinson, of Clermont County, Ohio, have committed suicide. The last of them was the Rev. Dr. Tomlinson.—A writer in the Picayune traces the yellow fever, that now desolates New Orleans, to the men who discharged the cargo of the ship Adelaide, from Rio Janeiro. He says three successive gangs employed upon that job sickened. He contends that every epidemic of that sort can be traced to importation.

TO CORRESPONDENTS.—Papers on Hemorrhage from Extraction of Teeth, and Treatment of Spinal Curvature, have been received.

*Deaths in Boston* for the week ending Saturday noon, Aug 20th, 126. Males, 73—females, 53. Accidents, 4—apoplexy, 1—asthma, 3—inflammation of the bowels, 1—disease of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 9—convulsions, 5—cholera infantum, 8—cholera morbus, 11—croup, 2—cancer, 2—colic, 1—dysentery, 3—diarrhoea, 2—dropsy, 1—dropsy in the head, 5—infantile diseases, 7—erysipelas, 1—typhus fever, 1—typhoid fever, 2—scarlet fever, 1—hooping cough, 2—disease of the heart, 3—hemorrhage, 1—inflammation of the lungs, 2—marasmus, 5—measles, 9—old age, 4—peritonitis, 1—palsy, 1—spine disease, 1—sunstroke, 9—teething, 10—thrush, 1—unknown, 1.

Under 5 years, 66—between 5 and 20 years, 8—between 20 and 40 years, 28—between 40 and 60 years, 14—over 60 years, 10. Born in the United States, 83—Ireland, 36—British Provinces, 1—Sweden, 1—Germany, 2—Scotland, 1—France, 1—England, 1—Denmark, 1.

*Irritable Stomach.*—"In attacks of cholera morbus especially, but often in the progress of febrile diseases, the stomach is so irritable that it is impossible for it to retain any medicine. Dr. Bell, of Louisville, had suggested, under such circumstances, the application of a large dry cup, a tumbler for instance, on the pit of the stomach. We have had this fail, while we regard it a remedy entitled to great confidence. We asked Dr. Robertson, what plan, if any, would always compel the stomach to tolerate medicine. He replied that the stomach was disposed to be more refractory in cholera morbus than in any other disease, and that in his early practice he had known patients lost from this cause alone; that 100 drops of laudanum at a dose, without any other medicine, would relieve any case of cholera morbus that he had ever been called on to treat, and for a great number of years he had compelled the stomach to retain that dose in this disease. This he accomplished by grasping the little finger of his patient, and forcibly and *painfully* flexing the third phalanx upon the second. The medicine was swallowed while the grasp was firmly retained, which was continued for a few moments afterwards. 'They have tried to knock me down,' said the venerable physician, 'but I defied them to throw up the medicine.'"—*Nashville Journal Med. and Surg.*, June, 1853.

We would respectfully add to the above prescriptions for the distressing affection mentioned, that in cases where every thing else had failed in our hands, we have found the happiest effects from good champagne wine and ice. Let a tumbler be half filled with crushed ice, and fully covered with the wine, and drunk as soon as it is cold. It will be found exceedingly grateful and very apt to be retained. We have applied it in the advanced stages of cholera morbus, the protracted vomitings of bilious and yellow fever, and the irritable stomach of pregnancy, with the happiest effects. This remedy is quite familiar to many physicians in New Orleans.—*N. Orleans Med. and Surg. Jour.*

*Strychnia in Impaired Spinal Energy.*—Dr. Marshall Hall believes that this condition is due to causes of nervous exhaustion, such as excessive study, muscular effort, and sexual indulgence, and has found strychnia useful in correcting it. He gives minute doses thrice daily, for many months, in the midst of meals. The following formula may be used: *R.* strychniæ acetatis, gr. j.; acidi acetici, gtt. xv.; alcoholis, ℥ ij.; aqua destillatæ, ℥ vj. *M.* Dose, ten drops, containing one-fiftieth of a grain. The remedy acts on the spinal marrow, and is counter-indicated in cases of *irritation* of the nervous centre and of spasm.—*London Lancet.*

*Iodized Oil.*—*R.* Iodinii, grs. xxx.; olei amygdalæ, ℥ ij. Triturate the iodine with a small quantity of oil in a porcelain mortar; when it is well divided, add the rest of the oil: the solution being complete, apply gentle heat. The color gradually diminishes and the process is suspended, and the oil allowed to stand for eight hours. This formula, taken from the *Repertoire de Pharmacie* (Vol. ix., p. 31), resembles that of M. Personne, recommended by the Academy of Medicine as affording an excellent substitute for cod-liver oil. It is readily assimilated, and patients take it without disgust.—*Virginia Med. and Surg. Journal.*

The library and scientific instruments of the late Dr. Pereira, F.R.S., were lately sold by public auction in London. Most of the lots realized very high sums, in some cases more than the publishing prices.

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## LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

### NUMBER IX.

**LEUCORRHŒA.**—Leucorrhœa was a frequent symptom. It existed in 17 patients, in all save 3 of whom it was habitual.

*State of the Uterus. Examination by Means of the Speculum.*—The cervix has always appeared to us more bulky than in the normal state. In almost all the cases it completely filled speculum No. 2. Three or four times only there was a small space between the organ and the walls of the instrument, and, even in these, there was an augmentation of bulk, since we found the part diminished after the recovery of the patient. It was principally in women who had borne several children that it was most bulky.

We found small *granulations* of the cervix in 4 patients. In 1 only, whose history I shall relate (Case VI.), there was a *large ulcer* occupying the two lips and extending into the interior of the cervix. In the other cases the appearance of the cervix, noted with care, was normal. The leucorrhœa which existed at the time, can, then, be attributed only to the anteversion.

The cervix always presented itself, in the field of the speculum, by its anterior surface. Its orifice was low, and occasionally difficult to find. Sometimes, only a very small portion, and sometimes none, of the posterior lip could be perceived; and, in the place which it should have occupied, one of the folds of the posterior wall of the vagina presented itself.

In order to seize well the cervix, and to see it in its entire extent, it was necessary to make it swing over, by giving to the extremity of the speculum a movement which made it describe a slight curve. In this manner the posterior lip was made to advance so as to bring it into view, at the same time that the anterior lip was disengaged a little by being carried forward.

*Tactile\* Examination per Vaginam.*—In all the cases, on examining with the finger per vaginam, I found the cervix directed backward and

\* In No. 4 the word "Tactile" should have been prefixed to "*Examination per Vaginam*," and to "*Examination per Rectum*."—TRANS.

upward, its orifice looking toward the cavity of the sacrum. Once, on account of the *embonpoint*, it was very difficult to reach (Case III.). The body being heavy—globular—falling back more or less heavily when raised, is always found immediately behind the pubis, above the anterior wall of the vagina. I was always able completely to explore with the finger the anterior surface of the body, which was directly continuous, and, at the same time, formed an angle with that of the cervix. But I have never been able to reach the posterior surface of the former, and but very rarely has it been in my power to reach even a small part of the posterior surface of the latter, before replacing the womb.

*Tactile Examination per Rectum.*—By means of this mode of exploration, which, I repeat, is not indispensable for diagnosis, and which we resorted to three times only, we found, at a variable height, and lying against the anterior wall of the rectum, a rounded tumor, which was recognized to be the cervix uteri, as the movements which were given to it were transmitted to the body of the organ situated anteriorly. When the finger reached sufficiently high to pass this tumor, in place of encountering the posterior surface of the body, it felt nothing further than the soft resistance of the intestines.

Although I have never done it, the practitioner might, if he thought fit, make a tactile examination at the same time per vaginam and per rectum; and thus satisfy himself that movements communicated to the cervix are imparted to the body, and vice versa.

*Examination by Means of the Sound.*—The uterus was explored in all cases with the sound—an instrument which furnishes the most important diagnostic signs, and the mode of using which in anteversion we proceed to consider.

The index finger of the left hand being passed into the vagina, in order to reach the opening of the cervix, and to serve as a guide to the sound, should endeavor to make the uterus swing over by bringing the cervix forward. In those women who have had several children, and in whom the open os admits the extremity of the finger, this movement is easy, and the sound penetrates with facility. In others, in whom the os is smaller, and the cervix carried far backward and upward, the extremity of the sound should be made to act in concert with the finger, in order to bring the cervix forward. The sound may be used, then, as a hook to seize the posterior lip, care being always taken that it does not impinge upon the *cul-de-sac* of the vagina, where its pressure might cause pain.

As soon as the external orifice of the cervix has been brought forward sufficiently for the extremity of the sound to reach it, the instrument should be introduced without delay, since the uterus can then be made to swing over with much greater facility, and the sound penetrates immediately, with little difficulty. The handle should be carried well downward and backward towards the fourchette, the concave surface of the instrument being directed forward. In 13 of our patients who had borne children, the introduction of the sound was easy and caused but little pain. In the 7 others we experienced considerable difficulty, attributable to various causes. In one case the external os was very diffi-

cult to reach, and, then especially, it was necessary to have recourse to the manœuvres of which I have just given you the description. Afterwards, I experienced, for a second time, the same difficulty. In a second case the resistance existed at the internal os, which was too small to admit the sound of which I made use, though I feel certain that a less blunt instrument would have penetrated without resistance. In the third patient, in whom a part of the posterior lip of the cervix had been destroyed by numerous cauterizations with the *caustique de Vienne*, the obstacle was at the distance of about a centimetre beyond the external orifice, and was overcome on the second occasion of the application of the sound. Finally, in the four others, the sound was arrested by the valve-like folds of the mucous membrane which I have mentioned to you. In general, the pain produced by the passage of the sound was in proportion to the difficulty experienced in introducing it, especially when the resistance occurred in the interior of one of the cavities, and principally at the internal orifice.

The pain was due, not to the pressure of the sound upon the walls of the cervix, as, in the cervical cavity, the instrument could be moved in all directions without causing distress, provided the instrument was not made to advance. If, on the contrary, the attempt was made to push it forward, when there was resistance, painful sensations ensued. I have always found the uterus more or less mobile, and capable of easy replacement, but prompt to return to its vicious position. It however maintained itself in place sufficiently long to enable us, by exploring at once, to ascertain the disappearance of the globular tumor formed by the body of the uterus behind the pubis.

This circumstance, important in regard to the diagnosis, acquires a new interest, if, introducing the sound, which now penetrates directly, we find that it is possible to cause this tumor to re-appear or disappear at will, according to the movements given to the instrument. For, if this tumor were anything else than the body of the uterus in a state of anteversion, it could not be thus displaced.

*State of the Patients while Walking.*—Walking was impeded in various degrees (19 times out of 20), and the patient who makes the exception is, as ever, the one whose case we first cited. In all the cases the women were easily fatigued—could not take long walks without experiencing extreme lassitude or distress in the abdomen. One of them could scarcely move a hundred or a hundred and fifty steps, without incurring syncope.

*Strength.*—The strength diminished in these 19 patients, particularly in the lower limbs; was in several completely lost.

*Pains not situated in the Pelvis.* We noted, three times only, pain in points beyond the limits of the pelvis. It existed in the side, and was exasperated principally during movement, in a patient who had previously had muscular pains. It was a simple pleurodynia. In another (Case I.) the pains of an intercostal neuralgia having set in during, disappeared with, a violent bronchitis. Thus, in these two cases, the pain had no connection with the uterine affection. But, in the third, the state of things was different, since the points of lumbo-abdominal neu-

ralgia, though isolated, and situated principally on the circumference of the abdomen, could be referred to no other cause than the anteversion. This demonstrates that if certain neuralgic pains are attributable to displacement of the uterus, their occurrence from this cause, far from being common, as certain authors have advanced, is rare, at least in the subjects affected with anteversion.

*Miscarriage.*—Miscarriage, which I mentioned to you in speaking of the causes, has been also pointed out by authors as a symptom. It is probable that the cause has here been confounded with the effect. To turn to the teachings of observation on this subject, 3 of our patients had miscarriages, though two bore children afterwards. One only (Case II.) had two miscarriages after a first accouchement at the full term, though in her case you will recollect that the disease did not appear till after the second miscarriage.

*Sterility.*—Though at least doubtful whether or not anteversion produces miscarriage, facts demonstrate, in an evident manner, that this displacement is a cause of sterility. Recollect that out of the 17 women who had been mothers, 12 had borne but one child. It is very remarkable that these women, still young, and, furthermore, so circumstanced as to render a repetition of pregnancy quite possible, had not given birth to a second infant for two, three, four, five, and even six years, while several of them, having lost their first children, desired further offspring. This symptom, the value of which might be called in question if there had not been a previous pregnancy, acquires importance when there has already been a first labor, and was of special import in a case which I had an opportunity of observing.

A lady, who had borne five girls, desired exceedingly a male child, but fell sick after her fifth labor, and continued ill six years without becoming pregnant. She had an anteversion, which was treated by the intra-uterine pessary. The cure was prompt. A little while after conception took place anew, pregnancy made favorable progress, and gestation was completed without other accident than a slight hæmorrhage entirely independent of the affection which occupies our attention. Place this case by the side of those pointed out by M. Velpeau, who saw patients affected with displacements of the womb, never having borne children, become pregnant a short time after the replacement of the organ. We are not told how this replacement was effected, though perhaps no more was done than, as has been recommended, to place behind the neck of the uterus during coitus, a sponge, which carrying the os forward, thus renders it accessible to the spermatic fluid. It is no less certain that sterility has existed in women solely from anteversion.

*Appetite*—"Embonpoint"—*Complexion*—*Anæmia*.—The appetite diminished nine times, was seven times irregular and capricious, and, once, the patient was affected with severe epigastric pains after her meals. All the patients experienced distress at the stomach at different periods.

The *embonpoint* was diminished fifteen times. The flesh became soft and flaccid, principally in those whose appetite had failed, but also in several others.

The complexion had become pale in 12 patients who presented no

other sign of anemia. I found anemia in 4 only, one of whom, having had attacks of hæmorrhage occurring frequently, and at brief intervals, presented a yellowish discoloration of the face, with a cachectic aspect. One other had been subjected to repeated and profuse bleedings, to which her anemia might be attributed.

If, now, we compare the symptoms which I have just examined, with those described by M. Ameline, we perceive at once, that in the symptomatology there is no notable difference between the two degrees of anteversion which he admits. This author describes, as we have done, a feeling of painful tension in the loins, in the groins, or in the thighs. He notices, also, the difficulty in walking, the bent posture, also, of patients during this act being dwelt upon by him. I have given you (Case IV.) the history of two patients only who presented this last symptom. He rarely met with the sensation of weight in the pelvis, which in his cases existed rather in the region of the pubis, than in that of the rectum.

Do enemata augment the pains? Though this has been admitted theoretically, yet, if you consult the records of cases, even including those given by M. Ameline, you will find but one instance of difficulty in the action of enemata. The same author has also mentioned difficulty in micturition, but never speaks of trouble in defecation. This appears somewhat surprising, when we recollect that the patients who came under our observation were often constipated, and, that in practising the tactile examination, fecal matter, accumulated in the rectum, was felt through the recto-vaginal septum.

The relief obtained by lying down was also noticed, and is easily explained. Though I have many times observed the alleviation produced by the horizontal posture, I have never found a patient who, like the one cited by Levret, perceived the feeling of weight, which, while she was standing, existed behind the pubis, move towards the sacrum during the horizontal decubitus.

It results, as you see, gentlemen, from this simple comparison of cases, that, if we find a considerable number of the symptoms noticed by authors to be confirmed by a more accurate examination of the facts, there are some symptoms of the value of which this investigation has led to a better appreciation, and others the existence of which it has not verified.

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#### DR. ZIEGLER ON HÆMATOSIS, ITS NATURAL AND ARTIFICIAL INDUCTION.

[Continued from page 74.]

THESE respective agents, the oxygen separately, or its natural and artificial, physical and chemical compounds, as atmospheric air, differing from its natural condition only in being more condensed, its analogue formed by the superaddition of oxygen to it, and nitrous oxide, may obviously be administered in their gaseous state directly through the lungs, or in their aqueous association by the alimentary canal, or even to a certain

extent by the external or cutaneous surface ; my own experience with the aqueous preparation of the nitrous oxide affording convincing evidence of the non-essential ultimate difference in the effects of these elements thus conjoined and administered, on the circulation and organism, except in the greater rapidity of action when exhibited by the pulmonary surfaces.

The subject of the introduction into the economy of a due proportion of atmospheric air has heretofore been chiefly considered in relation to its passage through the pulmonary organs ; yet it is undoubtedly also introduced through the epidermic surface, and by means of liquids, as the salivary fluids, and water especially, through the stomach. And I am strongly impressed with the conviction that the atmospheric air, highly concentrated in the aqueous association, and thus passed through the alimentary canal into the circulation, will prove highly advantageous, both as a salutary and sanatory agent, especially as from the ordinary artificial and unnatural habits and often unavoidable circumstances of life the system is so frequently, and occasionally almost constantly, partially deprived, through the usual channel, of its proper supply of this natural aeriform food, which regular and temporary or protracted deprivation causes a species of aerial starvation, and is, without doubt, the primary and principal cause of a very great number of both general and local, functional and organic derangements of the economy. By this mode, however, a just proportion of the atmospheric elements and influences could always be readily obtained, and thus prove in a great measure, not only effectual in preventing these aberrations by preserving the sanguineous equilibrium, and the integrity of the general vital processes and energies, but to a certain extent useful in restoring it and them, when destroyed or impaired, and in rectifying the consequences of such privation when not too greatly advanced.

These agents, therefore, properly modified and applied, thus, it is believed, furnish the means for, and will produce results in the prevention, mitigation and rectification of abnormal action, both of a primary and secondary character, functional and organic, which no other agent or combination of agents will supply or induce ; their peculiar adaptation and special application being made in accordance with their differences, relations and specific properties, and the character, intensity and requirements of the deranged condition for which they may be desired and employed.

In my previous remarks, in former publications, on the protoxide of nitrogen, I have frequently alluded to the aqueous preparation or the surcharged water, this liquid being an excellent menstruum for its ready preservation and more convenient transportation and exhibition. I would not, however, have it understood, as I perceive it has been, that I rely exclusively on this preparation, as the gas itself directly introduced into the circulation through the principal natural aeriferous channel of the lungs, is more speedily prompt in its action, though in the aqueous association and thus passed through the alimentary canal it is also sufficiently so for all ordinary purposes. In many instances, also, the aqueous preparation is desirable in consequence of its facility of personal administration, and the avoidance of that feeling of trepidation and temerity so frequently

induced, especially in females, by the direct pulmonary exhibition of remedies, its pleasant taste, particularly with the addition of a little aromatic syrup, and its other qualities, rendering it likewise a most agreeable and acceptable beverage ; it being also, according to my experience, readily tolerated by the stomach, even when water in its ordinary state is repugnant and objectionable. Still, as, in consequence of the expense and trouble of its preparation, it may not be so easily obtained, and the gas separately being comparatively free from these objections, a resort directly to it would frequently be preferable. These remarks, also, to some extent, apply to the aqueous preparations of the other analogous compounds of oxygen and nitrogen, or of the former separately, with the exception of that of the atmospheric air, as its universal existence and diffusion obviate the principal objections ; it being, obviously, only requisite to highly charge the water with it, which can be readily accomplished by any ordinary force pump applicable to, or capable of, gaseous condensation. As an ordinary beverage, this aqueous atmospheric preparation would doubtless prove not only highly salutary, but a valuable substitute for those alcoholic and other deleterious and doubtful compounds now so freely used for such purposes.

The apparatus and process for the generation of the nitrous oxide gas are very simple, consisting of an ordinary sweet-oil flask, of glass properly annealed, and three wide-mouthed bottles connected with tubes, of glass or other suitable material ; or what is neater and still better, of a regular retort, with the same number of Wolf's bottles similarly associated. The retort, or flask representing it, and containing the salt of nitrate of ammonia to be decomposed, is connected with the first bottle containing a strong or saturated solution of sulphate of iron (copperas or green vitriol) ; the second bottle a similar solution of caustic potash or soda ; and the third bottle common water. The due application of heat to the retort will cause the decomposition of the salt and the evolution of protoxide of nitrogen or nitrous oxide gas, the more perfect purity of which is insured by its passage through the contents of the bottles. It may then be collected in a proper receiver, or immediately in a common bladder or the usual gum-elastic bag with a mouth-piece and stop-cock attached, and thus directly administered. The appearance of a white cloud in the retort, during the generation of the gas, will indicate the existence of a too exalted temperature.

The usual dose of the gas is about one pint three times daily to a male adult, increased or diminished according to the effect required and other circumstances, though it and its analogues may be used to almost any extent in cases of poisoning from narcotics, &c. To females and aged persons, proportionately a somewhat less quantity. Of the impregnated water, which, when properly charged, should contain about five times its bulk of gas, nine fluid ounces (f ʒ ix.) daily, in divided quantities of three fluid ounces (f ʒ iij.) each, at separate periods during the day, and used thus as an ordinary beverage. This quantity may also require an increase or diminution, according to the age, sex, peculiarities, aerial deficiencies, &c. The whole quantity may, however, be taken at one draught when a greater immediate effect is desired and the water

is not objectionable. When used too freely or in excess, this agent seems to produce a modification of the depurative functions, as, for instance, in moderating the action of the intestinal canal, which is not, however, attended with the general malaise, &c., usually a concomitant of this condition, as the greater proportion of the hydro-carbonaceous elements or materials are appropriated in the increased production of the components for the functions of the pulmonary, cutaneous and renal organs, and are thus evacuated through the other general depurative media. This is obviously of practical importance in the treatment of affections of this part of the system. When taken in moderate and proper quantities, however, it promotes healthy hepatic and intestinal, as well as general normal action and secretion.

[To be concluded next week.]

## EMPIRICISM.

[Communicated for the Boston Medical and Surgical Journal.]

MUCH has been said and written, within the last few years, on this subject, and perhaps it is something like presumption in me to attempt to throw any light on a topic which he that runs may read and understand. To do full justice to the evil, a regular nosological arrangement should be made, even, perhaps, with all the minutia of Dr. Good in his great work on disease. But for want of time, and from inability to carry out the arrangement, I shall not make the attempt.

I shall take the course of generalization, and consider two great classes of quacks; viz., the outsiders and the insiders; the one positively and the other negatively; and, as "brevity is the soul of wit," I will endeavor not to be tedious in quantity, if I am stale in quality.

Hypocrisy in medicine is, to me, far more disgusting than ignorance, and what I have to say will be dictated by this impulse. That we have a set of jesuitical practitioners within the pale of the regular profession, is a fact which ought to be *more than admitted* by every medical man who *is a man*. The medical profession has been sinking in the estimation of the public for a series of years. This is on every body's tongue. The cause is sought and supposed to be found in the miserable legislation that has been had in a great number of the States, and the consequent inroads that have been made upon us by the veriest ignoramuses. Men who come to this conclusion, I think, do not reason philosophically. Whence the kind of legislation alluded to? In my opinion it comes from the course taken by a set of men, who, by hook or by crook, have worked themselves within the limits of the regular practice, and continue to be recognized as regular practitioners, by medical societies and prominent members of the profession, while they are pursuing a course of sub-scientific charlatany, that would disgrace any of the pathies or medical isms in existence. The intellectual and moral constitution of this class of quacks is such, as to shut out from their minds every motive but that of the *dollar*, and a kind of mushroom distinction among the rabble. Their course does not pass unobserved by the intel-

ligent in the community (for there are some such), and *they* scan the procedure, weigh the motive, and come to the rather natural conclusion, that if the profession itself make the practice of medicine a mere speculation, by catering to the prejudices, the ignorance and the caprices of the public, "*down with the monopoly, be democratic, go for the broadest liberty.*" These men and their influence get into our legislatures; and hence the laws that say to the public, "*all doctors are alike.*" If this view of the subject be correct, the sin lies at our own door, and we should hasten to rid ourselves of it. I was pleased with the proceedings of the Bristol Co. Medical Society in relation to this subject. The resolutions passed are sound in sentiment and of the right spirit, and it is hoped the parent society will consider them worthy of notice and adoption. It is an opprobrium upon the profession, that so many are retained in our ranks who are unworthy the title of M.D.; mere hirelings and sooth-sayers, fortune-tellers, charmers and conjurers, dealing in specifics for all human diseases, especially such as "consumption of the blood," "humors in the blood," "stoppage in the kidneys," &c. &c. I have in my mind a case which illustrates the principle upon which some act, who claim to be of the "Simon Pures." Some years since an old physician in the town (now city) of H——— was called to visit a patient in O——— a Co., and after a very wise examination of the patient (a female), was inquired of by her what he thought of her case. He said—"I think, madam, your blood is very low, and if you can have something to physic it properly, you will no doubt get better." On an interview afterwards, the attending physician expressed his surprise that such a remark should come from a man of so great pretensions, and got for an apology, "we must talk as folks think." More soon. W. B. S.

*E. Livermore, Me., July 30, 1853.*

#### RESOLUTIONS OF THE DISTRICT MEDICAL SOCIETIES.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I wish to address the Bristol District Medical Society, as well as that of Essex North, through the medium of your Journal, in relation to the communication of June 29th ult., from the former Society, and endorsed by the latter subsequently, to ascertain, if possible, what it means, and also to ascertain what is the test or standard which they have adopted for the members of the parent society, in medical practice. Has either of these societies sworn allegiance to the *true* and *only* *pathy* by which medical science can ever be promoted for the public good? On what principle of either natural or artificial science is their mode or *pathy* of treating diseases based? Will they inform us? Do they believe that medicinal agents act specifically on the animal organism, or not? What is their guide in the selection of remedial agents for diseases? Is it based on symptomatology, or pathology, or both? Do the members of these societies adopt the classification of the schools, viz., emetics, diuretics, emmenagogues, hydragogues, &c. If so, why? Do the members of these Societies have any reference to the specific ac-

tion of medicines in their prescriptions? If so, why? and if not, why? If medicinal agents act not specifically, why not as often prescribe jalap as ipecac., for an emetic? or tannin as often as senna, for a cathartic? or acet. plumbi, as pulv. Doveri, for a sudorific? Will either of these Societies explain to us, either the *modus operandi* or *modus egendi* of any medicinal agent that acts not specifically? By what are we to be governed, if nature has not made any provision for the restoration of the abnormal conditions of the animal organism? and if she has, on what principles are such provisions based, as practised by these Societies? Do the charter, constitution or by-laws of the State Society require all of its Fellows to practise in accordance with any particular mode or *pathy*? If so, what is it?

Therefore I wish to know what constitutes empiricism, in the practice of the *qualified* members of the parent Society. I also wish to know what is to be understood by the term "parasite," as applied to members of the State Society, by the Bristol District or Essex North Societies; and if either of them has discovered the "most excellent way" by which suffering humanity may be relieved from all the ills to which it is incident, I hope they will reveal the facts, that the remainder of the faculty may know how to avoid the "empiricism" and "parasitical" errors which so much annoy these Societies.

Will either of these Societies inform us who or what they mean by the "&c." appended to their catalogue of June 29th ult., as *corrected* in the No. of July 6th, that we may know whom they consider as "empirics" or "jesuitical" members of the parent Society, and why?

Now, don't be diffident, gentlemen, but speak out, definitely, like men, and not be afraid of either empirics or jesuits, for they will not harm you. As you say that all other empirics and mountebanks are entitled to the most profound respect in comparison with certain members of the parent Society, surely you cannot refuse to inform us whom you mean, or to give us a standard by which we may know whether our practice is orthodox or not, as you undoubtedly can, being, as you are, "free from every name and nature" of empiricism, and having no "parasites" or "jesuitical deceivers" among you. If you refuse to comply with my reasonable requests, would it be unjust in me to accuse you of unkindness in censuring me with the rest of the members of the State Society (your Societies excepted), for remaining in darkness while you refuse to give us light.

HIRAM PARKER.

Lowell, Aug. 10th, 1853.

## USE OF THE TAMPON IN ABORTION.

BY A. I. CUMMINGS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THERE is no situation in which a young and comparatively inexperienced practitioner can be placed, in which he feels the need of *all* the resources of our noble science, and *all* the information attainable, relating to the case, more than when his patient is *bleeding to death!*

When the vital fluid is flowing, not *guttatim*, but *in torrents*, as it were, and when immediate relief must be had—the flowing torrent be immediately checked, or death will ensue—at such a moment, there is no time to be lost in *theorizing*, for while we are thus engaged, our patient is dying! Something must be done, and that immediately. Calm, prompt, *decisive action*, then, distinguishes the true physician from the charlatan—the educated, well-informed practitioner, from the quack.

Every physician who has been in practice any considerable length of time, has been placed in the situation referred to. And not alone in *post-partum* hæmorrhage do we find cases of this character. Some of the worst cases of hæmorrhage which have occurred in the course of my practice, have been from abortion, occurring *previous to the completion of the third month of pregnancy*. The reasons why hæmorrhage is so much more dangerous and difficult to arrest in cases of abortion occurring previous to the fourth month, than when occurring at a later period of pregnancy, I need not discuss in this place, as they are familiar to every medical man. We have, then, a case of this character. The patient is flowing rapidly; she has lost, probably, a large quantity of blood before our arrival; she is faint, pale, and perhaps pulseless, and a cold, clammy sweat tells us but too plainly of her prostrated, sinking condition. If sensible, she is frightened, and the relatives and attendants even more alarmed than the patient. What shall be done? The uterus has little or no power of contraction to throw off the *fons et origo mali*; the os tincæ is closed, almost or entirely, so as not to allow the interference of art to bring away the ovum and its membranes; external pressure, or cold, or other appliances, will be of little or no service. What shall we do in this dilemma? Do something we must! and what? *Use the tampon!* Dam up the flood! and, for the time being at least, *your patient is safe!* It is easily done—it gives little or no pain, if carefully performed. But in order to prove effectual, the tampon must be a perfect *plug*. It must fill the vagina, and press to some extent on the os uteri. A fine, and perfectly clean, and soft *sponge*, is perhaps the best for the purpose; but when this is not at hand, a silk handkerchief, or linen, or even cotton cloth, torn into small pieces, will answer for the time being. The plug or tampon should never be suffered to remain more than twelve hours at most, and it may with safety be repeated, until the *expulsion of the ovum* renders it no longer necessary. Stimulants should be given if the patient is very weak, but we should use caution in their administration. With the tampon, in cases of this kind, I am accustomed to make use of the following pill:—*R. Acid. tannic pulv. secale cornuti, āā ʒj. M. Ft. pilules no. x., one given every two hours, or as often as may be necessary.* If too much pain is present, half a grain of opium, or a grain of extract. hyoscyami, may be added to each pill. As soon as the ovum is discharged, we may of course omit the tampon, and even the pills if the hæmorrhage ceases. To nourish, and give tone to the system, *then*, is all that is necessary. But in my humble opinion, a bandage or swathe is as necessary after abortion as it is after parturition.

*Roxbury, Mass., Aug. 1853.*

## HÆMORRHAGE FROM EXTRACTION OF TEETH—SICK HEADACHE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have seen, from time to time, articles by different writers, on the treatment of hæmorrhage from the extraction of teeth. They all seem to shoot at anything but the mark ; or, at any rate, *hit* anything else. I have had occasion to treat several cases of bleeding from the above cause (one of which occurred in an individual who was a most inveterate bleeder), and it so happened, always with the most happy results.

I think it a great mistake to suppose that the hæmorrhage comes from the bottom of the alveolar cavity in all, or in most of the desperate or obstinate cases. In three of my worst ones the bleeding was from some severed artery in the gum surrounding the cavity, as were also many others of a less serious character. In one instance, several years since, I found the edge of the gum raised up from the alveolar process, around the cavity, for more than half an inch, and the mouth of the bleeding artery was within this pocket. The patient had had several physicians to treat him for this bleeding, all of whom had been plugging the cavity with medicated substances, and yet the bleeding continued, until the man, from a red, fresh countenance, was reduced to almost a corpse in appearance, the compression having been made in the wrong place. I immediately, upon my arrival, had the patient's mouth washed out with cold water. I then found the source of the bleeding, moistened a bit of cotton with creosote of its full strength, put it on to the mouth of the bleeding artery, directed the nurse to put her finger on to the gum over it, and make firm and constant pressure, first with one hand and then with the other ; and when she could hold on no longer, to let another person take her place. The consequence was, he had no more bleeding, and made a rapid recovery.

Of all the inventions for holding medicated lint on to a bleeding gum or alveolar cavity, nothing is so good as the point of the nurse's finger, or, in the early stage of the case, the finger of the patient. But in the first place find the mouth of the bleeding artery, and then you can work efficiently. If the hæmorrhage comes from the bottom of the alveolar cavity, it is a very easy thing usually to arrest it. In most instances a ball of cotton two thirds as large as the cavity, rolled hard and pressed into the bottom of it with some suitable dental instrument, will in a *mechanical* manner permanently arrest the hæmorrhage. But we see reported frequently, in some of the Medical Journals, that the surgeon has piled on fold after fold of lint, until he had got it piled above the gum, and then put a piece of cork or silver plate on to the top of all this lint, then brought the jaws together, or in some other way made the compress fast, and finally controlled the bleeding. Such a report proves that the source of the bleeding was not known, and that by the attempt of the surgeon in this way to make firm and permanent pressure on the bottom of the alveolar cavity, he unintentionally, also, made pressure in the right place, on the bleeding gum, and consequently succeeded in saving his patient's life. The idea of allowing a patient to go on bleeding,

from day to day, with these different inefficient appliances on, until he is as pale as a corpse from the loss of blood, seems perfectly absurd, when in most instances it could instantly be arrested with the point of the finger put on the mouth of the bleeding artery. What if the nurses are obliged to sit by the patient and take their turns, for six weeks even, in compressing the mouth of the bleeding artery; is not the patient's life worth the trouble? Cases of slight alveolar hæmorrhage are readily controlled by moistening a ball of cotton with spirits of turpentine and pressing it into the bottom of the cavity. But for what are termed *bleeders*, I give internally fifteen drops of the spirits of turpentine every three hours, and use externally creosote in its full strength.

*Sick Headache—Treatment.*—Take any number of drops of croton oil, mix them with flour and molasses, and make as many pills as drops of the oil used. When the patient begins to feel the sick headache coming on, one half of a pill is to be taken every hour in molasses or something of like consistence, until it acts as a cathartic; and thus treat the sick headache at each attack. In many instances some unpleasant sensation will be felt in the stomach, before the pill acts as a cathartic; but it will disappear when the cathartic effect takes place. Some patients require only one half of a pill, others may require five halves, and most will require three halves before a cathartic effect is obtained. No patient need be alarmed at the distress and nausea at the stomach that this pill may produce, even if it vomits, as it will do in some instances. Neither should the second, third, or fourth half pill be delayed in consequence of the unpleasantness it may produce in the stomach; but give each dose in exactly an hour from the last dose, and almost every patient will come out satisfactorily at length. But in no instance should a whole pill or drop be given at a dose, as it is sure to produce a good deal of distress. (In colic or constipation of course we give one, two, or three drops, according to circumstances.) Sick headache patients we have in abundance all around us. I have been successful in curing or benefiting most of those that I have treated. In many instances the pill acts like a charm to the patient, who should be furnished with pills enough for a dozen doses, so that at each attack they may be taken. If thus taken, each attack will be found less severe, and in some cases a few doses produce a permanent cure.

The pathology of what is called sick headache, I will not attempt to give, but the croton oil seems to act in three ways: 1st, by increasing the secretions; 2d, by counteracting the anti-peristaltic action of the stomach and bowels; and 3d, by acting as a counter-irritant to the brain, as a mustard poultice does when put on the feet.

N. L. FOLSOM.

Portsmouth, N. H., August, 1853.

#### TREATMENT IN THE NEW YORK ORPHAN ASYLUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The No. of your Journal for July 6th, 1853, contains a short article under the head of "Practice without Medicine," in which there

are misstatements, such as could hardly have occurred had the writer perused the report on which he comments. I herewith send you the original report, with another published subsequently, and ask the insertion of this communication in your Journal, as a matter of simple justice.

The report was made to the Protestant Half-Orphan Asylum, and the name is so printed on the report. Yet the writer speaks of the "physician of what is called, in the city of New York, a Half-Protestant Asylum." The founders of this Asylum need no vouchers for the thoroughness of their protestantism; but a mistake of this kind shows a want of accuracy which must impair confidence in the writer.

Again, he says, "Perhaps Dr. Bowers belongs to the expectant school." "At any rate, his honesty is commendable in not attributing his success to sugar pills and other useless infinitesimals."

However gratifying it might be to receive commendation from such a source, I cannot accept it at the expense of truth. Having regularly studied my profession, and practised with success, in the usual manner, for twenty years, circumstances led me to the investigation of homœopathia, and the report in question is given to the public and the profession as a vindication of my course in adopting it, and a demonstration of the great superiority of the homœopathic treatment, showing that in all the asylums in New York, for ten years, the rate of mortality under allopathic treatment, as compared with homœopathic, is more than three to one.

Very respectfully yours, &c.,

124 Bleecker st., New York, Aug. 24, 1853.

B. F. BOWERS.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 31, 1853.

*American Pharmaceutical Association.*—During several days of last week, the members of the Association were in session in Boston. Their deliberations were characterized by dignity and energy. To raise the educational standard of druggists and apothecaries, is one of the principal objects of this excellent institution; another is, to bring about a uniform system in regard to all business relations of the trade; and lastly, to exercise a vigilant care over whatever medicines may be used by physicians, so that the best and purest articles only shall ever be allowed a place in their prescriptions. With such laudable plans, this praiseworthy association, in concert with the American Medical Association, must necessarily have a powerful influence in lessening the amount of fraud and quackery which are now a disgrace to the intelligence of this country, while it will also elevate two professions which are admitted to be of immense importance to public health and happiness.

*Posthumous Reputation.*—On looking over an editorial notice in the August number of the Philadelphia Medical and Surgical Journal, the freedom of comment on the character of medical men lately departed, was noticed as somewhat striking. Speaking of the late Dr. Chapman, there is

applied to him the epithet "fun-loving." The writer speaks of others as follows:—"Poor inoffensive Horner, having gathered all the reputation and money he could, is gathered to his fathers;" "Horner was an automaton;" "Caldwell was vain of a fine person and particularly of his head, and walked through our streets with an umbrella raised to keep off the sun, and hat off to show his head;" "Rush the meek philosopher," &c. When a celebrated physician of Boston made his exit from life, some years ago, the remark in the streets was, that "Old Dry-bones was off at last." The late Sir Henry Hallford, the physician of two kings, received unbounded civilities from his medical brethren while living, but the breath was no sooner out of his body than many of them were ready to kick the dead lion. They all agreed in this, that he was a lucky fellow, without a claim to the distinction which he enjoyed—being nothing more nor less than a royal flatterer and a court leech. Whether the estimate thus made of the characters of the deceased be correct or not, it is certain that in medicine success does not depend on profound wisdom or great attainments; if it did, so many individuals of limited talents could not be in request. Fortuitous circumstances sometimes make eminent physicians out of pretty poor materials. A drab coat, white-top boots, or gold lunettes, succeed in one community; a perpetual slovenliness secures fame in another; a simpering smile does the work in a third; while rough manners and vulgarity triumph somewhere else. The avenues to high professional position are as numerous as the whims and caprices of civilized life. Success, through the influence of any one or all of these accidents or eccentricities of character, must necessarily be local, and leave no lasting influence to keep alive the memory of the dead. A higher and nobler purpose should actuate the fraternity, than a reputation built on such foundations, or the mere gathering together of money. Those only who have contributed to the storehouse of information will be chronicled in the great book of history. Wealth, or a reputation that fills a circle of forty miles, may be very comfortable affairs to the possessor, but both are forgotten in less than a quarter of a century. Those, on the other hand, who improve their opportunities for gathering knowledge, and dispense it again for the benefit of others, will have a name and an influence in after ages. We have distinctly before our mental vision several who are in no estimation by many of those who are themselves seeking after fame. They are toiling on, quietly, alone, and unobserved; yet their biographies in after times will be read with interest and advantage.

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*Galvanic Abdominal Supporter.*—For more than a month, we have been reflecting upon, and expecting to gather something satisfactory in respect to the value of this invention. With an instrument on hand, no proper opportunity for testing its specific properties has been presented, and we are therefore obliged to wait awhile longer, before speaking from practical experience respecting its utility. There can be no question as to the propriety of applying electricity in a variety of diseases. It is a settled fact, that, administered judiciously, by competent persons, the happiest results have followed its use in a multitude of instances. The batteries referred to recently in this Journal, are becoming favorites with members of the profession, notwithstanding the immense amount of quackery connected with the advent of this mode of treatment. Electricians admit that the newly-invented supporters are constructed upon philosophical principles, and they are certainly capable of conducting a current through organs embraced be-

tween the pads. One of the strong recommendations in favor of using one of the instruments, is its simplicity. Were there a complication of springs, screws, and straps, a trick might be suspected. A zinc plate embraces the abdomen, or chest, as the case may be, while two copper pads, fitted to the depressions each side of the spine, are directly opposite, united by steel bands passing over the crest of the hips. A good report has been brought from those who have had the charge of cases where this ingenious contrivance was applied, and in some there was a speedy restoration of the long-suffering patient. Females, particularly, have been essentially benefited—and galvanism must have been the agent. Making proper allowances for the imagination, which is generally active when a new remedy is proposed, the weight of testimony is quite favorable to Seymour & Co.'s manufacture.

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*Medical College of Ohio.*—If the edifice in which the lectures of this college are given, is truly represented by an engraving accompanying the circular, it must be an imposing structure. The next course of lectures will be the thirty-fourth. Nearly the whole board of professors is made up of new names, but the trustees say that "the members of the faculty are all young men, yet of ample experience in their several departments." Ohio is bountifully supplied with the means of medical instruction. With three schools in Cincinnati, one in Cleveland, and one or two at Columbus, there ought not to be a quack in the State. Whether there are any, or not, gentlemen most familiar with the profession in those cities are best able to decide. Dr. Lawson has had experience enough to entitle him to the position and the influence of a veteran; and very properly he appears to be the leading spirit of the College. With such advantages as the faculty can command, there cannot be a question in regard to the high character of the lectures. By doing away with the *matriculation* fee, which no college is justified in exacting, the receipts would be larger. We hope for the continued success, respectability and influence of the old Medical College of Ohio.

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*Miller's Surgery.*—The third edition of that well-known and much esteemed system of Surgery, with additions, by F. W. Sargent, M.D., one of the surgeons of Will's Hospital, shows that its claims are fully acknowledged in the United States. Messrs. Blanchard & Lea understand how to give an artistic finish to their books, and this one is a fine specimen. The medical publishers of Philadelphia almost uniformly give good paper, open type and a readable text. Since Dr. Sargent first came before the professional public with this work, improvements in it have been introduced, a large number of wood cuts added, and whatever else could be done to better an excellent surgical guide. To students, while attending the approaching lectures, this will be a valuable assistant. Its orderly, scientific arrangement is a recommendation. Those studying medicine should have their minds disciplined and guided; and hence, systematic authors have the first claim. The volume is a full-sized octavo, containing 720 pages and 48 chapters, illustrated by 319 engravings. Of course, copies are distributed over the country, and can therefore be found at all the principal bookstores.

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*Psychological Journal.*—After studying the pages of the few numbers of this Journal received, the question came up involuntarily: who is sane, if such a host of intellectual giants, as are here spoken of—men who have

excelled in every department of literature and science through a succession of ages—were insane? The illusions of genius are doubtless various; but it cannot be possible that the only people in the world not stark mad, are those devoid of genius and the medical superintendents of lunatic hospitals. We entertain a profound respect for the researches of gentlemen who have given their lives up to the consideration of mental maladies, and freely acknowledge they have contributed immensely towards ameliorating the condition of lunatics. By long pondering upon one train of thought, however, the very mind that is intent upon detecting symptoms of irregularity in the reasonings and judgments of others, may itself fall into a similar abnormal state. We do not say that this has actually occurred in a single instance; but the liability to do so, upon well-known physiological laws, will be readily admitted. Dr. Mead's *Journal* exhibits industry—the first element of success in a periodical. His own articles have not yet been elaborate, yet they are spirited, and one of them, on the “mismanagement of public institutions for the insane,” shows that he is fearless and honest. These are qualities that should recommend him to the patronage of those who are interested in the study of every aspect of mental disease, and we bespeak for this modest, well-conducted *Journal*, the encouragement of the medical brotherhood.

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*Peninsular Journal of Medicine.*—“The cry is, still they come!” Another candidate for fame and profit has been ushered into being, called—“The *Peninsular Journal of Medicine and the Collateral Sciences*,” published at Ann Arbor, Michigan, by E. Andrews, M.D. It is to be issued monthly, at two dollars a year. How the large number of medical periodicals now regularly published in the United States are to be supported, is a question. Unless they succeed in their collections better than ourselves, two thirds of them will be a source of more anxieties than in-coming dollars. This monthly has a fine appearance, its matter is choice, and a spirit is infused throughout, creditable to the editor and honorable to the State. We wish it all the success which it will doubtless continue to merit.

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*Professional Patents.*—Dr. Arthur, in a pamphlet lately published, uses arguments against patents for securing certain discoveries by professional men, more particularly dentists, who have from time to time been somewhat tenacious about hedging in their improvements. But few physicians ask for anything of the kind, and where they have done so, it has been rather an injury than a benefit to the patentee. The mode of administering sulphuric ether in surgical operations was patented; but the parties regretted extremely that they had ever applied to the patent office. At the conclusion of Dr. A.'s pamphlet, the spirited author promulgates this sentiment—“It is the interest of every one engaged in our profession [dentistry] to oppose the practice which has formed the subject of this paper.” In other words, he is down upon those who ask for patents, to secure to individuals the exclusive right to practise in a manner not open to all respectable dental operators.

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*Education of Nurses.*—The project has been advocated in high places, of having a special course of instruction, in the Female Medical College, for nurses. This would be a popular movement. There is a woful degree of

ignorance even among the best of that most useful and indispensable class. No one can better appreciate the services of a good, kind, intelligent nurse, than a physician. His efforts are often powerless, from the bad management and want of tact in the person whose office it is to give the prescribed medicines, and attend to the varying demands of a sick patient. Every body admits that nurses are essential; and all agree in this, that an accomplished one is a treasure. But who has ever taken pains to assist in imparting a correct knowledge of their duties? If the Female College will take this matter in hand, the community, far and near, will be gratified, and their graduated nurses will never lack for lucrative employment.

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*Crania Britannica.*—A great national ethnological work will soon appear in London, by Mr. Joseph Barnard, and Messrs. Davis and Thurnam. It is to embrace delineations of the aboriginal inhabitants of the British Islands, and will be published in a series of decades in imperial quarto, of ten lithographic plates each—one every three or four months, with descriptive letter-press—exactly the size of nature, to be privately printed, issued in London, strictly confined to subscribers, and not exceeding six decades, at one guinea each. Dr. Dowler, of New Orleans, has made an interesting communication to the Delta of that city upon the subject. In a correspondence with Dr. Dowler, the following observations occur:—"In America," says Messrs. Davis & Thurnam, "the great master of the science, the late Professor Morton, founded his classical works, '*Crania Americana*' and '*Crania Egyptiaca*,' on the Aborigines of the western world, and on the ancient Egyptians, upon skulls obtained from the mounds and burial places of the former, and the catacombs of the land of the Pharaohs." \* \*

"It seems an anomaly that the people who first roamed the wilds and forests of our native country (Great Britain) should hitherto have attracted so little regard. Their remaining works have been traced out and deciphered with the most patient investigation. But it is remarkable that their personal remains—their bones—entombed in barrows over so many districts of these islands, have, until recently, not been objects of attention even to collectors—unlike the geologist, who has gathered up and treasured every osteological fragment of the races of animals coming within his domain. \* \* \* \* \*

"It is believed that a sufficient number of these precious relics have now been exhumed from barrows and other tombs, to enable us not merely to reproduce the most lively and forcible traits of the primæval Celtic hunter or warrior, and his Roman conqueror, succeeded by Saxon or Anglo chieftains and settlers, and later, by the Vikings of Scandinavia; but also to indicate the peculiarities which marked the different tribes and races, and to deduce at the same time their position in the scale of civilization, by the tests of accurate representation and admeasurement, with artistic skill worthy of the subject, and thus perpetuate them from accidental destruction and the further inroads of pelting age; without committing the authors to any of the theories which have been enunciated."

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*Medicinal Plants in British Guiana.*—Between the Orinoco and the Amazon, in South America, is a portion of country called Guiana. It is fertile almost beyond belief. The natural productions of utility to man—timber, fruits, vegetables, &c.—are immense. Dr. Daniel Blair, a prominent citizen and physician of Demarara, who is soon expected in the United

States, is one of a committee who forwarded specimens of the growth of Guiana to the Fair in New York. The catalogue is very full, and vastly enlarges our views of the resources of that country. The list of medicinal plants and gums, of which very little is known either here or in Europe, is quite surprising. Dr. Blair could not undertake a more lasting monument for himself, than to furnish a scientific work on British Guiana. It would increase the commerce of his adopted home, and add to the now sparse population of that region, while its natural productions would be made known and enrich other and distant regions.

*Medical Miscellany.*—David Wilson, who recently died above one hundred years of age, was the father of 47 children by five wives.—The first number of the Iowa Medical Journal, conducted by the medical faculty of the University at Keokuk, was published the first day of August.—The Philadelphia Medical and Surgical Journal is exceedingly severe on Dr. Meigs, of that city.—A Mr. Boatright, of Illinois, has just been married the tenth time!—Smallpox is represented to be prevalent in Smyrna township, Illinois.—Dr. John Moore, of Indiana, has been appointed assistant surgeon of the United States Army, vice assistant surgeon Southgate, resigned.—Charles Boerner, the German quack doctor, who was convicted in New York of mal-practice, in causing the death of a woman and her infant, was sentenced to the State Prison for two years.—A building for the use of idiots is proposed in Hingham, Mass.—Later news from Calcutta state that the cholera was subsiding, though at one time they numbered 700 deaths per day.—Walter Carpenter, M.D., of East Randolph, Vt., has been appointed Professor of Materia Medica and Therapeutics in the University of Vermont.—A tumor weighing forty and a half pounds was recently removed from the person of a Miss Harrison, of Mayslick, Ky., by Drs. Dunlap and Bradford, of Augusta. The young lady is getting well.—The Astley Cooper prize of £300 for the best essay on the "Structure and Functions of the Human Spleen," has been awarded to Henry Gray, Esq., F.R.S., London.—The details of the ravages of the cholera at Copenhagen are heart-sickening. The accounts state that the most frequent passengers in the streets are the carpenters' men carrying home coffins.—A woman lately died in a village near Madrid, aged a hundred and twenty-five. She married for the second time at the age of one hundred.—It is estimated that probably one man in every four throughout the human race is, more or less, a smoker of tobacco.

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MARRIED,—At Bowdoinham, Me., 18th inst., Dr. John Evans, of Chicago, Ill., to Miss Margaret P. Gray, of B.—At Bordentown, N.J., 18th inst., Samuel Appleton Storrow, M.D., of Virginia, to Miss Rebecca J. McKnight, of B.

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DIED,—At Saratoga Springs, 19th inst., Dr. John Gardner Ladd, of Brooklyn, N. Y., 33.—In Virginia, by suicide, Dr. Hackett.—At Prescott, Canada, Staff Assistant Surgeon King, formerly of the 42d Royal Highlanders.

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*Deaths in Boston* for the week ending Saturday noon, Aug 27th, 97. Males, 56—females, 41. Accidents, 2— inflammation of the bowels, 3—disease of the bowels, 1—burns, 2— inflammation of the brain, 1—disease of the brain, 2—consumption, 14—convulsions, 2—cholera infantum, 11—cholera morbus, 2—dysentery, 10—diarrhoea, 3—dropsy, 1—dropsy in the head, 2—debility, 1—infantile diseases, 6—puerperal, 1—typhus fever, 1—typhoid fever, 2—scarlet fever, 2—hooping cough, 3—intemperance, 1— inflammation of the lungs, 2—disease of the liver, 2—marasmus, 4—measles, 2—old age, 1—scrofula, 1—disease of the spine, 1—teething, 7—thrush, 1—unknown, 3. Under 5 years, 52—between 5 and 20 years, 9—between 20 and 40 years, 18—between 40 and 60 years, 9—over 60 years, 9. Born in the United States, 70—Ireland, 18—British Provinces, 3—England, 2—France, 1—Scotland, 1—Sicily, 1—Switzerland, 1.

*Case of an Opium-Eater and Vegetarian becoming Bedridden.—Recovery on taking Animal Food.* By S. L. GILL, Esq.—On visiting Mr. C——, I found him to be a little, withered creature, apparently seventy years of age, his real age being only fifty-one; diathesis highly nervous; skin resembling parchment. He had been a vegetarian for five years, and bedridden for seven months, and taken about five grains of solid opium daily for ten years past.

The skin parched; pulse 90, and very feeble; tongue tremulous, and coated with a brown fur. Bowels acted but once or twice weekly, and then only a very small quantity resembling bird-lime was passed. Urine scanty and high-colored, but healthy. He had bed-sores upon the nates, sacrum, and scapulæ.

In the first instance I acted slightly upon the liver with mercury-and-chalk, combined with aloes, and brought away some filthy stools; and administered also diffusible stimuli with the tincture of opium, and small quantities of beef tea; and placed him upon one of Mr. Hooper's water-beds. In a week he had rallied considerably; the bowels acted every second day; tongue clearing at the tip and edges; bed-sores assuming a healthy appearance. At the fortnight's end he took a mild tonic and stimulant, and seemed to relish the beef-tea, but could not bear the sight of meat; took a new-laid egg in chocolate twice daily. At the end of a month, he bore small quantities of mutton, chopped into very fine pieces. The limbs were rubbed daily with and without liniments: this treatment was persevered in for three months. The use of the limbs gradually returned, and he is now walking about, collecting his own rents, and takes animal food once daily, and one grain of opium night and morning.—*London Lancet.*

*Oily Frictions in the Yellow Fever.*—Frictions of the body with oil, which have been said of late both to prevent and to cure the plague, have been applied in the treatment of the yellow fever with equal success by Dr. Keutsch, physician at the Island of St. Thomas, in the West Indies. Of eight soldiers ill of the yellow fever, under the care of this gentleman, six were cured by the oily frictions in the space of twenty-four hours. Copious sweats were induced, and almost always the vomiting was restrained immediately. The frictions are rendered more efficacious, it is said, by dissolving camphor in the oil.—*Medical and Chirurgical Review*, of 1804-5.

*Lupulin (the Alkaloid of Hops) as an Anaphrodisiac.*—M. Debout, editor of the Bulletin de Thérapeutique, has found lupulin extremely efficacious in priapism, chordee and spermatorrhœa. The dose is 15 or 30 grains of the powder, triturated with white sugar. MM. Ricord and Puche have administered three drachms without any unpleasant effects.—*Virginia Med. and Surgical Jour.*

*Ophthalmia.*—Dr. J. Paul announces (*Ann. d'Oculist.*) that he has used with advantage in chronic inflammations of the eye, injections of a solution of nitrate of silver (℞ j. ad ℥ ij.) into the nostrils. This powerful derivation upon the Schneiderian membrane is analogous to the cauterizations of the nostril with the solid stick of caustic, which have been recommended particularly in scrofulous ophthalmia by MM. Morand (de Tours) and Tavignot.—*Id.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## POISONING WITH CARBONIC ACID IN REMARKABLE CIRCUMSTANCES.

BY JOSEPH LAW, ESQ., SURGEON.

ON Sunday, January 4th, 1852, Mr. Wright Wilson, of Sheffield, was summoned to the house of George Hall, in Park Hill Lane, called also, from its elevated position, "Sky Edge." Mrs. Hall was extended on her right side on the chamber floor, close to the bed-side; while her husband was in an easy bent position, also on his right side, on the opposite side of the bed, his head and chest being under the bed. They were both dead, and quite cold. The woman's countenance was mild and placid; the man's bore a slightly uneasy expression. They were in their night dresses, and there was a plaster on the chest of each. With the exception of an abrasion (less than the nail of the little finger, and surrounded neither by redness nor swelling) on the crown of the man's head, no external trace of violence could, on a very careful examination, be discovered. There were slight suggillations on the man's back; but elsewhere the skin of every part of the two bodies was perfectly natural in color and appearance. The mucous membranes of their mouths and pharynges were healthy, and free from every kind of odor. The chamber was orderly, everything appearing to be in its place. There was a singular and intolerable smell in the house, strongest in the chamber. The woman had been in the habit of taking laudanum; of this drug two or three drachms were found in the house.

On Monday, January 5th, probably thirty hours after death, Mr. Wilson, by order of the coroner, examined the bodies.

There were no unnatural external appearances.

There was congestion of the membranes and sinuses of the brain. Each lateral ventricle contained about  $\frac{3}{4}$  ss. of clear serum. The lungs were gorged with dark blood; the bronchial mucous membrane was slightly inflamed; and there were extensive pleuritic adhesions. The left sides of the hearts were nearly empty; the right contained a quantity of dark half-coagulated blood. The stomachs were healthy; the woman's contained about  $\frac{3}{4}$  iv. of thick, gruel-like fluid. This fluid, the stomachs, duodenums, portions of the jejunums, and portions of the colons, were given, at the request of the coroner, to Mr. Haywood, professional chemist, to be analyzed.

On Tuesday, January 6th, Mr. Wilson, suspecting the drainage, again examined Hall's house, but again without finding any explanation of the catastrophe. In the adjoining yard, however, he perceived a small quantity of smoke issuing from a cesspool, filled with cinders and faecal matter, in a state of smouldering combustion. When the burning mass was disturbed, even slightly, with a spade, it yielded dense columns of smoke, and a most disgusting smell, resembling that in the house. Knowing that the ground was loose, stony and permeable, Mr. Wilson communicated his suspicion to the coroner and Mr. Haywood, that the gaseous products of this combustion had found their way into Hall's house.

It was proved on the inquest, that, on the night of the 3d January, Mrs. Hall perceived a very disagreeable smell in her house, and that she, assisted by a neighbor, carefully searched for the cause, but found nothing. At this time the cinders in the cesspool were red hot; but it was not at all suspected that the fire in the cesspool was in any way connected with the impure state of the atmosphere in the house. A straw mattress had been burnt in the cesspool a few days previously. In this way the cinders had been set on fire; but Mr. Wilson could see no trace of the mattress.

*Mr. Haywood's Statement.*—On Wednesday, January 7th, I examined Hall's house in Park Hill Lane, one of the highest and most airy situations in Sheffield. The house stands on a heap of stones, the remains of an extensive quarry; it consists of one sitting-room, with a small pantry on the ground-floor, and a bed-room over them; it is about two feet below the level of the ground on the south-western side, on a level with the ground on the east, and somewhat above it on the north-west. In consequence of the loose nature of the ground, the south-west wall has deviated about one foot from the perpendicular, and, in order to make this wall look straight in the inside, boards, extending from the floor to the ceiling, have been placed near it, there being a space of some inches between the two. At a distance of twelve feet from this wall, and in the bed of loose stones on which the house is built, is excavated a cesspool for ashes and night-soil; this is six feet long, five feet broad, and four feet deep; its walls are lower than the surface of the loose stones, and have little or no mortar; any gases, therefore, generated within the walls of the cesspool, would easily find their way into the bed of stones, and thence through the broken foundation into Hall's house. Mr. Haywood found the cesspool nearly full of *burning* cinders, mixed with faecal matter. The fire had not made much progress previously to the evening of the accident, when, as proved before the coroner, the contents of the cesspool were "one mass of fire." Ashes were thrown upon it in the hope of extinguishing it; but under a heavy western gale, which sprung up towards the morning of the 4th January, the contents of the cesspool again became a mass of fire. The wind, pent up in the corner where the ashpit is placed, forced the gases through the loose stones and broken foundation, into the space between the boards and wall of the lower room, thence into the space between the ceiling and bed-room floor, and thence through large holes and cracks into the bed-room itself. In consequence of the chimney and

windows being on the eastern side of the house, the strong west wind produced a partial vacuum in the bed-room, and this vacuum drew, while the wind pushed, the gases from the ashpit into the bed-room. The current of air through the bed-room floor blew out a candle; and, although the combustion had nearly ceased when the examination was made, yet the atmosphere of the room was intolerably offensive and oppressive.

By means of an aspirator, Mr. Haywood passed four cubic feet of air, as it entered by one of the openings in the floor, through a solution of acetate of lead; no discoloration being produced, it was inferred that neither sulphuretted hydrogen nor hydrosulphate of ammonia was present. Another portion was then passed through a solution of nitrate of silver, without producing anything but a brown tint, arising from a small quantity of organic matter; no cyanogen compounds were consequently present. The air in the aspirator contained 1.4 per cent. of carbonic acid gas, with a trace of sulphurous acid, pure air having only a twenty-fourth part of this quantity of carbonic acid.

It is usually believed that an atmosphere containing five per cent. of carbonic acid may prove fatal to man. The bed-room and staircase of Hall's house contain 1283 cubic feet of space. As sixty-two cubic feet of carbonic acid, enough to have poisoned Hall and his wife, are produced by the burning of little more than two pounds of cinders, it may be readily understood that more than sufficient to explain the accident, must have resulted from the burning of a heap of cinders measuring sixty or seventy cubic feet.

The communication between the burning cinder heap and the bed-room was more complete than between the former and the sitting-room, where a canary, favorably placed opposite the north-west window, was found uninjured. The space between the boards and the wall acted as a flue; and, on the night in question, the larger part of the air, which entered the bed-room, passed through the burning cinder heap. The sitting-room had an open fire place, and a window to the north-west, through which, on that boisterous night, a current of fresh air was driven. The boards were covered with paper, and the communication between the bed-room and sitting-room was cut off by a door at the bottom of the staircase. A little carbonic acid, however, was detected in the sitting-room, coming from behind a corner cupboard placed against the boards, where the paper did not extend.

Three causes prevented the descent of the carbonic acid from the bed-room to the sitting-room:—The door at the foot of the staircase; the rarefied state of the air in the bed-room produced by the west wind; and the condensed state of the air in the sitting-room produced by the wind blowing through the north-west window. If air passed from either of the rooms to the other, it would have passed from the lower to the upper; but this was probably prevented by the open chimney in the former.

A chimney-board in the bed-room was considered to have very much increased the evil; but as the chamber was part of the flue through which the poisonous gases discharged themselves, their current through

the chamber, had the chimney been open, would have been more rapid ; but there was space enough between the chimney-piece and chimney-board, and through the imperfectly-fitting windows, for the passage of air ; and probably the less impure air of the room passed up the chimney to give place to the poisonous products of the cinder heap.

To trace the communication between the ash-pit and the house, the loose stones, with their covering of earth, were removed to a considerable depth. Mr. Haywood found the warm air from the burning cinder heap, passing through and below the broken foundation ; and finding also that the oxide of iron on the stones was converted into a sulphuret, he concluded that the hydrosulphate of ammonia had, at the commencement of the burning, been driven in that direction, although he could not detect the presence of any of this substance, or any trace of its action on the metals in the house.

There was not the slightest indication of any vegetable or mineral poison in the parts which were analyzed..

From the foregoing facts, Mr. Haywood concluded that George Hall and his wife died from inhaling carbonic acid, and other products of the combustion of the burning cinder heap above described.—*Edinburgh Monthly Journal of Medical Science.*

## DR. ZIEGLER ON HÆMATOSIS, ITS NATURAL AND ARTIFICIAL INDUCTION.

[Concluded from page 96.]

I HAVE thus, notwithstanding this article has insensibly been extended much beyond the limits originally designed, only cursorily glanced at the general features of this subject, sufficient, I trust, however, to demonstrate its practical interest, extent and importance ; and in its more special elucidation will present, in conclusion, the following general observations as the results of experiment, experience and reflection, and as seemingly correct and just deductions from the facts and principles already ascertained, established and acknowledged, and those additional highly probable ones from analogy and the relations of cause and effect.

I. That in aeratosis or the aeratory processes, the atmospheric air in its influence on, and modification of, the organic fluids, of animals especially, operates in a compound and not a single chemical relation, through the medium of its two principal constituents, oxygen and nitrogen, the latter as well as the former being appropriated and essential to the perfection of hæmatosis both in its formative and degenerative relations.

II. That an analogous artificial commixture of these two elements, oxygen and nitrogen, or a similar physical association of them formed by the superaddition of a quantity of the former to a due proportion of the atmospheric air, and a chemical compound of these same elements, as they exist in the form of protoxide of nitrogen or nitrous oxide, possess similar physical, chemical and vital properties, varying only in degree, and will produce similar, though by the last more exalted, chemico-physiologic effects on the vital economy.

III. That as these two chemical elements in their natural atmospheric association, in this aeratory relation, afford the indispensable prerequisites for the inception, promotion, preservation and perfection of the normal organic and animal products, processes and purposes, and their privation is one of the causes, if not the most frequent cause, of their defection, derangement and failure, and as these elements in their special natural and artificial, physical association or chemical combination possess and exert similar chemico-physiologic properties and influences, therefore they must frequently be not only the best, but in all such cases the only essential agents for their prevention and rectification; and consequently their judicious employment for such purposes is most natural and rational, and strictly in accordance with correct reason and sound judgment.

IV.—That in consequence of their peculiar constituents, properties and influences, these compound artificial agents are thus especially applicable to, and useful in those particular asthenic or anærotic conditions, immediately resulting from the direct privation of their elements in the natural association—known as sudden simple asphyxiation and suspended animation from suffocation, as in hanging, drowning, &c., and that of newly-born infants, cyanosis, &c., as well as that of a more gradual, passive, partial and protracted character from sedentary habits, tight dressing, inefficient ventilation, &c.

V. That through their special chemical action on the components of the blood and extraneous matters in that fluid and the general economy, their powerful stimulus to and support of the vital energies and general renovating influences, they modify or destroy various poisonous principles which may be introduced into the system, and mitigate or correct their effects, as those poisons and toxicosic conditions included in and resulting from the narcotics, malaria or miasmata, mortuary or other similar corrupting animal matters, from dissections, bites of rabid animals, serpents, &c., and those other systemic contaminations from syphilitic virus and all similar degenerate and vitiated states of the blood, nervous energies and system generally.

VI. That as in addition to other, as well as their transforming and consuming influences, they especially promote the normal assimilative and disintegrative processes, they will not only prevent, modify and remove the undue or abnormal production, deposition and accumulation of fat, albumen, sugar, lithiatic concretions, fibrinous and osseous deposits, and those other more diseased products as tuberculous matter, and probably also the more malignant complications and contaminations, but will obviate and rectify the general condition upon which these abnormal aberrations and adventitious productions depend. Especially as the prolonged partial asphyxiation or deficient and disproportionate supply of their elements and influences from the atmospheric air, preceding, inducing or accompanying and complicating the original diathesis, is in all probability the principal and primary cause of the anæmatisis and molecular modification immediately resulting in most of these derangements and morbid developments, and particularly those of the former general conditions which I have in a former publication respectively de-

nominated adiposis, albuminosis and glucosis, and also those others known as lithiasis, tuberculosis, scrofulosis, &c.

VII.—That by their more special stimulant properties and influences on the principal organs and parts of the system, they will obviate and correct functional derangement depending on deficient power or energy, as debility of the stomach and alimentary canal, bladder, generative organs, heart, &c., and those of the more purely neuroses from nervous and cerebral prostration and disturbance, as paralysis, chorea, and other forms of spasmodic or irregular action, delirium tremens, dementia, &c., and in fact all similar affections or complications of an adynamic character.

VIII. That these elements, oxygen and nitrogen, in their natural or artificial, physical or chemical association or combination, mechanically forced and condensed into, and associated with the simple liquids, as water, and thus introduced into the circulation through the alimentary canal or otherwise, produce the same effects as when administered in their combined gaseous state directly through the lungs or respiratory passages.

IX. That as experience has demonstrated that the chemical combination of these elements, as they exist in the form of protoxide of nitrogen or nitrous oxide, manifest more decidedly active and superior chemico-physiologic and therapeutic properties and influences, than any of the other analogous compounds of these elements, therefore it is principally best adapted to the treatment of the numerous derangements and modifications of the economy requiring such principles and influences.

X. That this agent, nitrous oxide, possesses peculiar compound and unique vital properties, in being permanently and universally excitant, not being followed by the subsequent sedation attending the action of other stimulants, and by additionally containing, and, in undergoing decomposition, yielding its special elements to the blood, thus inducing therein and promoting thereby the essential changes, productions and processes necessary to normal hæmotosis and the healthful performance of the functions of all the organs or parts, as well as of the whole body and the ultimate perfection of the organism.

XI. That by its compound and universal chemico-physiologic properties and influences, through its permanently arterial, nervous, cerebral and general stimulus and constitutional elements oxygen and nitrogen, the nitrous oxide or protoxide of nitrogen thus operates actively and efficiently as a tonic, antiperiodic, antispasmodic, anodyne and general nervine, alterative, general resolvent, deobstruent, æratosic, hæmatogenetic, antitoxicosis, antilithiasic, depurative, &c.; and in its more special or local tendencies as an antidyspnœtic, diuretic, aphrodisiac, &c. In fact, by supplying and inducing the aeratory elements and processes, and promoting the functions of all the organs and apparatuses both of the organic and animal life and of the general economy, it often speedily relieves or completely removes many of their particular derangements. Hence this agent is a remedy *sui generis*, and specifically applicable to the prevention, moderation and rectification of numerous abnormal aberrations and modifications of each and every part of the system, both functional and organic, and either in their separate or associate, simple or complex, or aggregate and general state.

XII. That hygienically and therapeutically the action of these analogous natural and artificial physical and chemical compounds of oxygen and nitrogen, is of an unique and specific character, being not only active and useful in the production and evolution of the mutations and materials essential to the normal *con*-structive, formative or ascending organic scale, but also in the *de*-structive, degenerative or descending scale of organization, while at the same time they additionally promote the more ultimate functions and operations of both vegetable and animal life in their special or separate and universal and aggregate relations. And hence by thus powerfully and peculiarly acting in strict accordance with the true hygienic and therapeutic principles, on all parts of the vital circle and economy at the same time, are totally different from and superior to all other agents in the prevention and correction of certain forms of local and general derangement and modification of the organism.

*Philadelphia, July 19th, 1853.*

#### IMPERFORATE ANUS.

[Communicated for the Boston Medical and Surgical Journal.]

WHILE residing in Frankfort, Maine, about three years since, I attended Mrs. W. in her first confinement. She was delivered of a large, apparently healthy, and well-developed male child, in which I could perceive no defect whatever. Twenty-four hours afterwards, was notified by the nurse that the child had passed neither urine nor fæces. On examination, it proved to be a case of imperforate anus, of a very unusual character. The rectum had terminated in a *cul de sac*, high up in the pelvis, and communicating with the bladder. There was not the slightest rudiment of an outlet to the gut, nor any mark to indicate where it should be. No distension of the integuments denoted a pressure of the fæces within. The genital organs were somewhat deformed. The testicles well developed, but there was a mere apology for a penis, with the urethra terminating near its root, just above the scrotum.

Having introduced a bent silver probe into the bladder, its removal was followed by a jet of urine and thin fæculent matter. The probe was also covered with meconium. In deciding upon an operation, I reasoned thus:—As it is uncertain how far it will be necessary to dissect in order to reach the rectum, the danger of wounding arteries beyond the reach of the ligature will be very great. Should it be necessary to carry the dissection any great distance, the patient will probably die in my hands. And then, should he survive the operation, the fact of the communication between the gut and the urinary organs, would render the ultimate success of the operation quite uncertain, to say nothing of the difficulty of preserving a proper opening. On the other hand, the child must die.

With the advice and assistance of Drs. Edmund and Charles Abbott, I made an incision through the skin and cellular membrane, from the extremity of the coccyx, along the perineum, about two and a half inches. No muscular fibres were divided. Dissected carefully up the natural course of the bowel about one and a half inch, where the rectum presented

itself, terminating in a *cul de sac* and enormously distended with fæces. This was freely laid open, and a copious evacuation ensued, giving entire relief to the little sufferer. No blood-vessel requiring ligature was wounded. The divided parts were kept from adhering together, at first by tents well oiled, and afterwards by a tube with a button on the end, which was made to order. Much trouble was at first experienced in retaining the tube, as its introduction would produce violent straining and evacuation, but the parts, after a while, became accustomed to the irritation. In a few weeks the parts were entirely healed, and an artificial anus established, to all appearance as good as natural. Fortunately, after the operation, no fæces ever appeared in the urine, nor was there any reason to believe that the urine ever passed into the rectum.

The child, at the age of one year, was remarkably large and vigorous. The family removed from the place, and I have not heard from the child since. As the sphincter muscle is wanting, he must necessarily experience some inconvenience on that account. It is a circumstance worthy of remark that this patient, scarcely twenty-four hours old, never cried during the operation, thus putting to shame those robust persons, of mature age, who cannot bear the extraction of a tooth without the use of ether.

If you deem the above case of sufficient importance to deserve a place in your Journal, I may, as I have leisure, send you, from my note-book, others which are somewhat out of the common course.

South Deerfield, Aug. 23, 1853.

NOAH GILMAN, M.D.

#### QUACKERY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—My attention has at this time been particularly called to the subject of quackery, from noticing in our daily papers the announcement of a physician from Philadelphia, of some considerable eminence, now occupying rooms at one of our hotels, who holds forth to the public in an advertisement, which I give below, his special skill in the cure of one branch of the “ills to which flesh is heir,” with the names and testimony of several distinguished men of the profession attached.

[The writer here gives the advertisement. It is headed “Important to the Deaf,” and is in the name of Dr. Hartley, proprietor of an Ear Infirmary in Philadelphia. “Testimonials” are appended from Professors Willard Parker, Valentine Mott and John H. Whitaker, of New York. It seems hardly worth while to transfer it to our pages.—ED.]

It appears to me that Dr. Hartley, in travelling from place to place, and publishing in the public prints, wherever he may make a stand, his superior *skill and experience*, notwithstanding it is confined to a particular disease, should meet the disapprobation of the entire medical profession. For a few years past the profession has seemed to manifest some increased interest in devising means to rid the people of the scourge of unprincipled quacks, and to this end many methods have been proposed, each possessing within itself some degree of efficiency, and all going to show at least the good will and wish of the proposers; but so long as “itinerant doc-

tors" are countenanced by medical men, and sustained in their advertisements by the names of such physicians as W. Parker, John H. Whitaker, and Valentine Mott, gazetted broadcast in every city which they visit, no progress can be made in this department of reform, but retrogradation must be the result. Public advertising and pleasing promises, *guaranteeing a speedy and permanent cure without causing the least pain or inconvenience*, and assuring the public that they have devoted many years of "close and almost undivided attention" to this branch of medical study and research, so that "the most confirmed and obstinate cases yield" readily to their mode of treatment, is the common custom of quacks and empirics; and although Dr. Hartley may possess "professional ability," and be a "gentleman of correct deportment," it does not warrant him in using the implements of the notorious charlatan, by setting forth to the people his qualifications, and the "better means" which he possesses "of coping with this serious affliction, than those which are possessed by physicians in general practice." By so doing he takes the ground of the ignorant and dishonest quack, and the uninformed members of the community, not being able to distinguish between them, will not be slow in allotting to him the honor of coequal. Thus he gives strength and countenance to all irregular practitioners, the Indian doctor, the eclectic, analytic, botanic, reformed, &c.; for he resorts to the same or similar means to gain notoriety and obtain patronage; and, worse than this, he places himself on a level with the least of all meritorious mountebanks of the day—the "travelling doctors." True, Dr. H. has the right to visit his patients in Portland or elsewhere; but if his only intention was to comply with the "special request" of "those patients with whom he has been in communication," there was no necessity or even a call for such a sweeping notice to the public of his *skill and success*, fortified by "testimonials" from "the most distinguished medical men of the country," for those of his patients must be aware what his treatment in some measure is, and, what to them is most important, what his success has been in their individual cases, and if it has been favorable, they are just as well satisfied of his skill, as though it was confirmed by the testimony of thousands. No physician, however well educated he may be, however great his skill, or extensive his experience, can guarantee with impunity a cure in "all cases where malformation does not exist," in any *serious affliction* of the human system whatever; and how Dr. H. can do so in this difficult branch of the medical profession, is more than I can understand.

If he claims to himself all the honor and dignity of the profession, and has made any new discovery in the treatment of any disease, he is in duty bound to give it to the profession, and is morally culpable if he keeps it a secret; but if he has made no such discovery, he knows, as every other intelligent physician knows, that he can warrant no cure with certainty, and it is against the honor and dignity of the profession to make such a promise to patients laboring under any disease, however mild or formidable its type may be.

I cannot conceive what reasons could have been adduced potent enough to influence Drs. Parker, Whitaker and Mott to allow their names

to be used in the manner Dr. Hartley has made use of them in the advertisement alluded to, and I am tardy in believing that they were given to those testimonials with the knowledge and expectation of their being attached to the advertisement of an "itinerant physician," to be published in the papers of our cities and towns to the gaze of the gaping multitude, and immediately followed up in *propria persona* to reap the result. We have learned to look up to those gentlemen as fathers of the medical profession, and as examples worthy to be imitated; but we have been taught that an unmeritorious act committed by the great is not less amenable to censure than if committed by the small; and when such personages do things that we in humble life would not feel justified in doing, we must acknowledge that the spirit of blame and rebuke arises in our heart. If intelligent physicians wish the empire of quackery to fall, let them live it down. Let them not aid or abet in any degree to sustain its strong holds, or give any semblance of countenance that will extend or make more respectable its career. Let them avoid every appearance of evil, and tolerate in no way, either by word, thought or deed, even a show of empiricism. Let them mark out to themselves an independent, straight-forward course, and follow it before the people in their professional dealings with them, without swerving to either side for aggrandizement or gain. Let them use their exertions to enlighten the minds of the people upon this species of deception and humbug, which pretending and unprincipled quacks are practising upon them. Let them strive to educate the credulous public in every possible way, that it may understand and duly appreciate the difference between the practice of the judicious, thoroughly-educated medical man, and that of the disgusting, self-styled doctor, who is a disgrace in any community. When this is done, the next quarter of a century will show a large decrease in the boasting "*pathys*" and "*isms*" that are now so prevalent among us; and the croaking illiterate quack, the nostrum-maker, and nostrum-vender, will be compelled to seek other and perhaps more laudable means of support.

J. F. D.

Portland, Me., Aug. 6th, 1853.

#### TREATMENT OF SPINAL CURVATURE.

[Communicated for the Boston Medical and Surgical Journal.]

It has been well remarked that "generalization is too often pushed to an extreme, in medicine as well as in other sciences. A few years ago, whatever might be the real nature of the disease, it was the fashion to treat all distortions of the spine by repose, and few schools or private families were unfurnished with an inclined plane." This practice arose from the mistaken generalization, that all spinal distortions were dependent on softness, or disease of the bones. Without a correct diagnosis, we can never apply our remedies on anything like scientific principle. A fair prognosis must also depend upon a correct diagnosis, which requires great care in distinguishing the true nature of the cause, and the extent to which it has operated on the spine.

A strictly scientific practice embraces, as its indispensable requisite, a system of correct diagnosis. It is easy to guess, in any case, what the disease is, and it is possible now and then to guess right; but this is not science. Should we generalize upon our happy hits, and establish a rule for all cases, we should inevitably fail in the major number. "Without *knowing* the disease," says the eminent Forbes, "we must be totally incompetent to treat it." This applies as well to spinal and other deformities as to any other form of disease.

Is it not too often the case that practitioners make use of a slipshod method in obtaining the diagnosis of a case? It certainly is a laborious task, and very likely to be neglected by one of easy routine or indolent habits. I have known a leg to be blistered and cauterized very heroically, under the supposition that the disease was there, when it was in the spine, and might have been easily discovered had the vertebræ been pressed upon, or even a sponge of warm water run over them. So I have known a person to be doctored for months for supposed indigestion and hepatic affection, when all the symptoms arose from spinal disorder reflecting its influence upon the intercostal muscles of the right side, and the abdominal muscles.

To avoid such mistakes it is necessary to resort to careful external manipulation, especially in doubtful cases. Dr. Forbes, in his preface to the translation of Laennec, urges the same course upon the younger part of the profession, and shows the importance of examining the external parts of the body, in cases even of internal disease, giving as a reason for this, that he "had known plain and obvious diseases mistaken and mistreated, for months, even years—merely from the practitioner's neglecting this simple but *necessary* measure." Again he remarks—"From the neglect of this precaution, I have known peritonitis and enteritis mistaken for simple colic; disease of the heart for disease of the stomach; and *derangements depending on curvature of the spine, treated years* as a mere nervous affection, and in other cases as organic disease of the heart, lungs and diaphragm!"

It is not to be doubted that if a scientific treatment of disease depends upon a correct system of diagnosis, neither can obtain while an exclusive *a priori* theory is rigidly adhered to, as the latter precludes the possibility of rightly observing those facts which are necessary to a legitimate deduction. The basis of medical science is the same as that of every other department of nature. It depends upon a thorough and impartial observance of phenomena, their rigid analysis and proper classification. No system of physics is entitled to the name of science, that takes every other course but this, or makes this its *exceptional rule* of procedure.

The history of the treatment of spinal curvatures is, like many other departments of medicine, exceedingly curious, as showing the unscientific tendency to generalize in theory, to the exclusion of related facts; and to found upon it a system of treatment wholly inadequate to the demands of the major proportion of cases.

As an example, the celebrated Pott attributed spinal deformity to caries of the vertebræ and intervertebral substance; and many of those

symptoms he lays down as attributable to this affection, and to be observed in the diagnosis, the most constant and striking of them, says Copland, "do and must necessarily exist long before any curvature or caries has taken place." The fact that caries without curvature, and curvature without caries, have been demonstrated in numberless instances, has overthrown the theory of Pott, notwithstanding the influence of his great name. Nay, he even says himself, in one place, that he "found cases of curvature without any apparent affections of the bones," and allows that some dissections proved "that the vertebral bones are not always enlarged or otherwise disordered, even when they are accompanied with a greater or less degree of deformity." And he mentions some marked cases of posterior, anterior and lateral curvatures, where "the vertebral bones and cartilages show no other signs of disease than such as arise from unequal pressure, being hard, firm, sound, and when free from pressure are of the natural size"; that "they were unnecessarily separated in some parts of the external curve, yet having nothing of ulceration about them."

Yet this great man in his *treatment* excluded these facts in forming his diagnosis and the subsequent treatment. All cases were treated as inflammation, ulceration or caries of vertebræ and cartilage; and all that could be effected was to check the progress of destruction, and to establish anchylosis. The patient was confined in the horizontal posture, and caustics applied along the spine. If the cause happened to be inflammation, or caries of the vertebræ or connected parts, the object of the caustic issues in most instances would be effected. If the cause were something else, as a derangement of the muscular forces, then the treatment was the most wretched thing possible for the patient. As caries would be found in a great minority of cases, the great majority would be ill treated. With the famous Pott and the surgeons of his time who followed him, this may be excusable; but hardly with practitioners of the present age.

Professor Rush took stand against Mr. Pott's theory, so far as concerned the treatment. "Numerous observations and long experience proved to him," he said, "that issues rarely produced the desired effect, and that they even frequently accelerated the progress of the disease in the latter stage."

This might be expected in all those cases of spinal curvature resulting simply from a derangement of forces, not from destruction of substance.

Dr. Armstrong, also, and Mr. Boynton, together with numerous other physicians and surgeons of eminence, have opposed the use of caustics. And yet Camper, Beale, Brodie, Copland, and numerous others, have found this to be of eminent use in many cases.

It may well be asked—"Under this variation and opposition of respectable testimony, where shall the practitioner place his reliance? How shall he direct his practice?"

Again, Glisson, one of the earlier modern writers on this subject, maintained that spinal distortion arose from the unequal nourishment of the bones, those on the one side growing faster than those on the other

—that the vertebræ on one side were over-supplied, which threw the spine out of its normal line. Upon this he instituted an exclusive system of practice, which was successful in a class of cases, injurious in others.

Mayo, who seems to have devoted considerable attention to the subject, attributed the cause of curvatures to a derangement of the muscular forces, the muscles on one side acting more powerfully than those on the other. He instituted an exclusive method of practice, placing his patients on an inclined plane, on which they were to work the muscles. This being successful in a larger class of cases than either of the other methods, became a rage of fashion; but it was found very injurious in many cases, and was abandoned by those who were not reckless of human weal.

Harrison started with the theory that curvatures were the result of laceration and subluxation. He instituted an establishment favored by many of the dignitaries of England, and for a time even by the Queen. His success was very marked in some particular cases, which were selected and published in superb royal octavo form, illustrated with numerous very fine engravings.

The relaxation and extension of the ligaments of the spine, and the consequent partial displacement of the vertebræ, was the marked characteristic of Harrison's theory. He was laughed at, however, by some of the physicians for supposing that the vertebræ could be displaced in so large a number of cases, without paralysis; but M. Delpech details a very few cases, where slight subluxation was evident. One case, however, was sufficient for Mr. Harrison to found a theory and practice upon.

Delpech and Lafond instituted theories, in which the application of mechanical contrivances was resorted to, and instruments became the rage in France and Germany. Mr. Chepser, a practising surgeon in Hinkley, in England, also invented instruments for bracing the spine, which gained him great fame. He, however, published no theory. Thus instruments became the rage for curing all sorts of spinal deformities. So far was this carried, that the most complicated machinery was invented for stretching and twisting the spine, to bring it in shape; and the more complicated, the better pleased were both the surgeons and the people. A re-action soon followed. Too many became the victims of this barbarity. A host of enlightened surgeons arose, who made a general attack upon the instruments. Foremost was Mr. Shaw, also Mr. Bamfield; both of whom took more enlarged views of the subject. Afterwards Beale, Wilson, and others, advanced essentially the same principles with additional observations.

[To be continued.]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 7, 1853.

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*The American Journal of Science and Art.*—On the cover of the 47th No. of Vol. 16, of this Journal, published in New Haven, and long known under

the name of "Silliman's Journal," we notice that it has been strengthened by the additional aid of four more editors, making seven in all, to whose management its future destiny is confided. Were the Journal purely medical in its character and objects, two editors would be sufficient to prevent its growth and prosperity, while the mystic number of seven, unlike the success of the seven champions of christendom, could not fail to annihilate it. As it is, and with the talents and views of the gentlemen who have thus associated for the purpose of adapting its contents to every class of literary and scientific readers, we see no reason why they should fail of success. A new feature has been introduced, with especial reference to medical men, and the proprietors look to them with an earnest expectation of receiving their patronage. It is hereafter to comprise reviews and notices of anatomical and physiological works, together with abstracts of them, as we understand the plan; so that instead of being a dry-bone, marrowless series of mathematical papers, which not one in a hundred have an organization for comprehending, or would read if they had, something fitted to the every-day wants of physicians may be found in it. Were it not for the medical profession, two thirds of the scientific periodicals in the United States would cease to be published. Those on Natural History, and the various departments into which that great domain is sub-divided, owe much of their vitality and patronage to that source. It is characteristic of the medical practitioners throughout the Union, that they bestow much attention upon the different branches of natural science. They make up the learned societies, to a very considerable extent, write scientific articles for publication, and pay liberally for journals. With these facts for their encouragement, it was a wise movement in the controllers of the American Journal of Science and Art, to popularize it, in a measure; or, rather, to modify it, and adapt it to the general wants of that widely-spread class of the community. Each and every cultivated scientific taste is to be gratified with appropriate food under the new system. Thus the botanist, zoologist, geologist and physiologist, are each to be catered for appropriately. This is a brief synopsis of what is proposed; and to show our good will towards the enterprise, we strongly urge upon the medical brotherhood everywhere, to assist liberally with their purses in nourishing and sustaining an ably conducted work. It is published the first day of every other month, at five dollars a year. Names of subscribers may be sent to this office, and they will be cheerfully forwarded to the publishers.

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*Shaker Herbs.*—Throughout New England, as well as in other States of the Union, immense quantities of indigenous medicinal plants are on sale, in convenient forms, prepared by those conscientious, reliable people, known as Shakers. They have taken possession of the market, in that respect, because, by long practice and faithfulness in the business of putting up articles considered essential in the materia medica, they have no competitors of equal renown. In order to be able to speak understandingly in regard to the character of their medicines, we made a special visit to the Society at Harvard, Mass., week before last. We inspected their gardens, examined the various plants and the establishment in which they are packed, and inquired into the processes and manipulations pursued by the fraternity in this particular branch of industry. It is quite unnecessary to enter into a description of the complex machinery used in pressing leaves or roots into compact cakes. On the floors of large airy apartments the fresh plants are carefully culled over, so that every unsuitable fibre, leaf or stem is rejected. Order

is a marked trait in the character of the Shakers. There is an exact place for every thing. No mistakes occur in the packing-room, because one kind of medicine is done up, labelled and packed away, before another is taken in hand. A constant vigilance is necessary to prevent the masses of medicinal herbs brought into the building from being impaired, either by light, moisture or other deteriorating causes. The same may be said of their extracts, essences, essential oils, &c. The system pursued at Harvard, is practised also at Canterbury and Enfield, N. H., at New Lebanon, N. Y., and in all the Shaker societies where herbs are raised and sold. With the knowledge thus acquired on the spot, in reference to this subject, we are prepared to encourage druggists and apothecaries throughout the country, to give their articles a preference over those from other sources, unless it can be ascertained, beyond a doubt, that equal pains are taken in the culture, selection and modes of securing the medicinal properties of plants. With medical practitioners it is all-important to be certain that they really administer what they wish to prescribe; otherwise, the most skilful efforts to control disease are useless. Under the humble term of Shaker Herbs, the very best remedies in the vegetable kingdom are distributed extensively over the United States, and they deserve to be equally well patronized in Europe.

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*Starling Medical College.*—This College is located at Columbus, the capital of Ohio, and its prospects are flattering. Since the termination of the last course of lectures, improvements in the cabinets and apartments, and in the facilities for instruction, have been made throughout. Gentlemen of high intellectual and scientific attainments compose the board of faculty.

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*Principles of Medical Delusion.*—Dr. Nutting's essay, taken from the pages of this Journal, has become a neatly printed pamphlet of thirty-six octavo pages. For circulation among the people it is in a convenient form. If it were thus distributed, the effect would doubtless be in many cases to open the eyes of those who have been duped not only out of their money, but their health also. One of the excellences of this production, is its plain, unvarnished, but truthful exposition of the trickery of medical pretenders. There is neither exaggeration, nor an attempt to excite the imagination of a non-professional reader. No pretensions to originality are made by the author, and this he frankly states. Availing himself of the facts strewn broadcast over the world, illustrative of the multiplied phases and protean forms that quackery assumes, his province has simply been to explain and expose them. By reference to an advertisement, it will be seen that copies may be obtained at a cheap rate.

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*The Microscopist.*—Messrs. Lindsay & Blakiston have brought out a second edition of that most useful little volume—which was so favorably received at the time of its first appearance,—called "The Microscopist, or a complete Manual on the use of the Microscope, for physicians and students, and all lovers of natural science." The second edition is improved and enlarged, with illustrations, by Joseph H. Wythes, and we heartily recommend this unpretending, but unrivalled guide in the management of a beautiful and wonderful instrument. The field for observation can never be exhausted, nor the philosopher cease to admire the marvellous skill of a Divine Power in the revelations made by the microscope. As the telescope

reveals worlds on worlds which no unassisted eye could have discovered, so the microscope exhibits organic life in atoms which must be multiplied a thousand times beyond their actual dimensions to be discerned by human vision. The latter are no less wonderful than the former, and are calculated to impress the mind with the majesty, wisdom and omnipotence of God. Among students, whether medical or academical, the sights to be seen with a microscope may develop an ardent love for research and investigation. But order is a law of heaven, and without it, in philosophical inquiries, no satisfactory progress is ever accomplished. By the assistance of Dr. Wythes's book, the subject is made easy, and therefore it should be placed in seminaries of learning. Medical students cannot well dispense with the work, if they expect to keep pace with the knowledge revealed by the microscope. Copies are on sale at Ticknor & Co.'s, Boston.

*Maternal Management of Children.*—On the first examination of this new volume, by Thomas Bull, M.D., we hesitated whether it properly belonged to the library of the physician or to mothers in general. A second edition, in 12mo, 424 pages, also from the enterprising publishing house of Lindsay & Blakiston, Philadelphia, has been published, and contains many good things. Were medical practitioners to recommend each and every new mother to procure a copy, they would be instrumental in teaching them their duties.

*Operative Ophthalmic Surgery.*—This is no every-day publication. The directions which are given in it, will be appreciated by the profession everywhere. Familiar as professed oculists may be with the various conditions to which the eye is incident, every contribution to the common stock of practical knowledge on the subject, from proper sources, is gladly received. The work before us is a handsome octavo, containing 599 pages, from the press of Messrs. Lindsay & Blakiston, Philadelphia, and bears the following title—"A Treatise on Operative Ophthalmic Surgery, by H. Haynes Walton, &c., first American, from the first London edition, illustrated by one hundred and sixty-nine engravings on wood; edited by S. Littell, M.D., &c., Surgeon of Wills Hospital." "The want of a treatise on operative ophthalmic surgery, written in the light of modern science, insures for the work of Mr. Walton a favorable reception, which its intrinsic merits will abundantly justify," says Dr. Littell. Such will be the opinion of every one who becomes acquainted with the character of the work. There are twenty-one chapters, which embrace all that has been collected from trustworthy sources. It is not a mere book of recipes, or a compilation of cases. On the contrary, principles are expounded, comments are made on the results of various operations, and the most safe and judicious course proposed, based on the long experience of the first class of authorities. It is for the professed ophthalmic surgeon, what Mr. Little's orthopædic surgery is acknowledged to be with respect to operations on distorted limbs,—the best book of the day. To be had, also, at Ticknor & Co.'s, in Boston.

*Treatment of Diseases of the Lungs.*—The knife has been used fearlessly upon the human body everywhere but in the thorax. By-and-by it may be used more freely in that region, and perhaps the happy discovery made that a portion of ulcerated lung can be excised with good results. No sa-

tisfactory experiments have been instituted on animals to ascertain what may or may not be accomplished, in the way of detaching portions of those organs. The immense sacrifice of life by pulmonary consumption, calls imperiously for more activity in the pursuit of means for staying its progress. There are instances of spontaneous recovery from a hopeless condition, with the loss of one lung. If we could imitate nature, and remove the diseased part, as she endeavors to do by copious expectoration, the advantage might be inestimable to the human race. If nothing is undertaken beyond medication of the whole system, which exerts but a remote influence on a suffering lobe, physicians might as well acknowledge their inability to cope with the disease. Within the last few years, we have directed the attention of our medical friends to the consideration of this subject, always hoping that some one may have the moral firmness to make the attempt. By a variety of accidents the thorax is penetrated, and even the lung protruded, without fatal results. Enormous quantities of fluid are sometimes secreted in the cavity, and discharged with impunity, which are so many indications of what may at least be attempted. A series of experiments are needed to settle the question, which will continue to be agitated till the problem is solved, viz., can a part or the whole of an ulcerated lung be removed, with a prospect of saving the patient?

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*Surgical Cutlery.*—What success have American artizans in the manufacture of surgical instruments of late? Very little has been heard of them for a year or two, which is sufficient apology for making the inquiry. English, French and German surgical cutlery predominates in the shops and warehouses, not to the exclusion of home-made articles, but because they are afforded cheaper. Labor is so expensive here that first-class instruments would be considered as costing too much. It should be a matter of principle with the profession to encourage native workmen; otherwise we shall always be dependent on foreign manufacturers. We should be gratified to see some specimens of cases and single instruments, as they are now made in New York, Boston and Philadelphia, for the purpose of keeping up with the times in that respect.

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*Perpetual Thirst.*—Some years ago we gave a detailed account of the condition and appearance of a man who was then supposed to be the greatest drinker among men in America, if not on the globe. He is yet living, in excellent health, at the age of 58 years, and still remains in a state of perpetual thirst. The individual alluded to, is Mr. James Webb, of Fairhaven, Mass. Under every aspect in which the case may be examined, it is remarkable and perhaps unparalleled in the annals of physiology. In early infancy the quantity of water he consumed was so large as to astonish those who witnessed it. A development in size and weight of the body required a corresponding increase in the quantity of his aquatic potations. Under ordinary circumstances, three gallons of water is rather a short daily allowance for him, and it would be impossible, it seems, for him to live through a night with less than a pailful. With this immense amount of cold water daily poured into the stomach, Mr. Webb has been in good health and spirits. We leave the statement of these curious facts, unembarrassed by comment, and simply ask of learned editorial friends the probable cause of this unsatisfied thirst.

*Yellow Fever in New Orleans.*—We have not considered it necessary to keep our readers informed of the daily number of deaths from the present epidemic in New Orleans. That its fatality has been great—exceeding that of all former visitations of the fever in that ill-fated city—all our readers have learned from the newspapers of the day. The early period of the season at which it commenced, its malignant character, and the fears that no abatement of its virulence could reasonably be expected till the occurrence of the autumnal frosts, have conspired to impart additional horrors to the fearful scourge. We are happy in learning, however, at the latest dates, that an improvement has taken place, and that the number of deaths is gradually diminishing from the large sum of over 200 a day. The great distress which must follow in the train of such a pestilence has claims upon the sympathies and aid of the community, and we are glad to see that these have been rendered from all parts of the country. The names of several physicians have been reported among the victims of the fever, but not a larger number of them than might be expected considering the immensity of the labors which must have devolved upon them, and the fact that they could not, like other classes of the community, flee from the pestilence which has been destroying its thousands around them.

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*Trouble among the Cincinnati Physicians.*—It appears by the public papers that some unpleasant proceedings have been taking place among several of the faculty in the Queen City of the West. They occurred at a meeting of 73 of the physicians of the city, called for the purpose of considering the affairs of the Commercial Hospital and the Lunatic Asylum of that city, which are under the control of the Ohio Medical College. The College is charged with mismanagement in conducting these affairs; though we do not learn, from the reports, how it is considered answerable for the crowded state of the institutions, and the evils flowing therefrom, when the institutions themselves belong to the city. Dr. Wright, formerly connected with the College, seems to have presented the complaints against it, and in the course of his remarks read, from what purported to be the August number of the *Western Lancet*, part of the Annual Announcement of the Trustees, in which the present faculty of the College were praised at the expense of the former *heterogeneous materials* of which it was composed. This brought to the floor Prof. Thos. Wood, one of the new faculty and also one of the editors of the *Lancet*, who stated that the number of the *Lancet* which had been read from was surreptitiously obtained, the numbers as published not containing the objectionable passages. This gave rise to a dispute between the two gentlemen, which we are sorry to see was not confined to words—a personal rencontre being prevented only by those around them. It is hoped this disagreeable affair will be amicably settled, and that the regular physicians of that noble city will not waste their strength in warring among themselves, when it is all needed in united efforts against the many systems of quackery among them.

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*Inhumanity of Physicians.*—Specimens have been given, in some of the papers, of the unfeeling manner in which patients have been treated at New Orleans, in the midst of the present pestilence, by their medical attendants. If the vulgarity, profanity and want of sympathy imputed to some of them is true, they deserve the infamous notoriety that is likely to accompany them in after life. There is no apology for a physician being either ill-bred, ungentlemanly or unkind in this age of christian refinement and morality.

*Chloroform and its Antidote.*—Dr. Tobert de Lamballe, a distinguished physician of Paris, announces that a shock of electricity given to a patient dying from the effects of chloroform, immediately counteracts its influence, and returns the sufferer to life.

*Dr. Coale's Treatise on Uterine Displacements.*—This treatise, re-published from the pages of the Journal, seems to be more highly prized the more it is known. A physician in the vicinity of Boston states that he finds it advantageous to hand a copy of it to patients who are afflicted with this complaint, its directions in regard to dress being presented in a plain and convincing manner. The following notice is from the last number of the American Journal of Dental Science.

"This unpretending little pamphlet contains more really useful information on the subject of uterine displacements, than many larger and more pompous treatises. It is plain, practical and to the point. The examination of the causes of prolapsus is especially valuable, as pointing out a gross violation of hygienic rules in the present mode of dressing among our women. The physiological positions of our author are clearly stated and ably defended. No anatomist can fail to be convinced by them.

"To those who wish a practical text-book on this important class of diseases, we strongly recommend this little pamphlet of 52 pages."

*On Elastic Collodion.* BY M. E. LAURAS.—The following formula, given in the *Repertoire de Pharmacie*, is said to produce a highly-elastic collodion:—

Sulphuric acid, of s. g. 1.847, 300 parts; very dry nitre, 200 parts. Mix together in a stone-ware or porcelain pot, and add of carded cotton 10 parts.

Leave these substances in contact for 12 minutes; withdraw the cotton, wash it with cold water to remove the acid which it contains, and after two or three rinsings immerse it in water containing 30 parts of subcarbonate of potass in 1000 of water; plunge it again into ordinary water, agitate well, and dry at a temperature of 77 to 86 deg. The cotton, thus prepared, takes the name of xyloidine, and may afterwards be mixed with the ether and the other substances which form it into elastic collodion.

*Elastic Collodion.*—Xyloidine, 8 parts; ordinary sulphuric ether, 125 parts. Place in a wide-mouthed flask, and add 8 parts of alcohol of s. g. .825. Agitate, and then make a mixture of Venice turpentine, 2 parts; castor oil, 2 parts; white wax, 2 parts; sulphuric ether, 6 parts. Heat together the first three substances, add the ether, and combine the two mixtures.—*Pharm. Journal.*

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MARRIED,—In Westfield, N. Y., on the 23th ult., John T. Fleming, M.D., of Flemingsburg, Fleming County, Ky., to Miss Adeline E. Budlong, of Westfield.

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DIED,—At Holly Wand, Alabama, Dr. W. R. Northall, late of New York.

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*Deaths in Boston* for the week ending Saturday noon, Sept. 3d, 87. Males, 49—females, 38. Accidents, 2—disease of the bowels, 5—inflammation of the brain, 1—congestion of the brain, 1—consumption, 12—cholera infantum, 9—cholera morbus, 4—croup, 1—dysentery, 5—diarrhoea, 2—dropsy, 2—dropsy in the head, 1—debility, 2—infantile diseases, 7—puerperal, 1—fever, 1—typhoid fever, 1—scarlet fever, 1—gravel, 1—hooping cough, 1—homicide, 1—disease of the heart, 7—inflammation of the lungs, 3—marasmus, 1—measles, 5—old age, 2—palsy, 1—disease of the stomach, 1—teething, 11—unknown, 1.

Under 5 years, 50—between 5 and 20 years, 7—between 20 and 40 years, 11—between 40 and 60 years, 8—above 60 years, 11. Born in the United States, 64—Ireland, 17—England, 3—British Provinces, 1—Scotland, 1—Germany, 1.

**BOYLSTON MEDICAL PRIZE QUESTIONS.**  
 —The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:  
 JOHN C. WARREN, M.D. J. B. S. JACKSON, M.D.  
 W. CHANNING, M.D. D. H. STORER, M.D.  
 EDW. REYNOLDS, M.D. J. M. WARREN, M.D.  
 JOHN JEFFRIES, M.D. CHAS. C. PUTNAM, M.D.  
 SOLOMON D. TOWNSEND, M.D.

At the annual meeting of the Committee, Aug. 3, 1853, no premium was awarded on either of the two subjects offered.

**THE QUESTIONS FOR 1854 ARE**

1. On the constitutional treatment of Syphilis.
  2. On the now malignant diseases of the Uterus.
- Dissertations on these subjects must be transmitted, post paid, to JOHN C. WARREN, M.D., on or before the *First Wednesday of April, 1854*.

The following subject is offered for the year 1855:  
 "On the Diagnosis of the Diseases of the Urinary Organs."

Dissertations on this subject must be transmitted as above on or before the *First Wednesday of August, 1855*.

The author of the best Dissertation, considered worthy of a premium, on either of the two subjects offered for 1854, will be entitled to a premium of Sixty Dollars, or a Gold Medal of that value, at his option.

The author of the Dissertation for which a prize is adjudged on the subject offered for 1855, will be entitled to a premium of One Hundred and Twenty Dollars, or a Gold Medal of that value, at his option.

Each Dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the Dissertation to which the packet is attached.

All unsuccessful Dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the Dissertations to which premiums may be adjudged.

2d. That in case of publication of a successful Dissertation, the author be considered as bound to print the above vote in connection therewith.

JOHN JEFFRIES, M.D., Sec'y.

Boston, Aug. 11, 1853.

s7-6t

**GENEVA MEDICAL COLLEGE—Fall Course.**  
 —The next Annual Course of Lectures in this Institution will commence on the second Wednesday [14th] of September, 1853, and continue sixteen weeks.

**Faculty.**

CHARLES B. COVENTRY, M.D., Prof. of Obstetrics and Medical Jurisprudence.

JAMES WEBSTER, M.D., Professor of Anatomy and Physiology.

CHARLES A. LEE, M.D., Prof. of Materia Medica and General Pathology.

JAMES BRYAN, M.D., Prof. of the Principles and Practice of Surgery.

WILLIAM SWEETSER, M.D., Prof. of the Theory and Practice of Medicine.

GEORGE HADLEY, M.D., Prof. of Chemistry.

CHARLES A. P. BOWEN, M.D., Demonstrator of Anatomy.

Fees for the whole Course, \$62. Matriculation fee, \$3. Graduation fee, \$20.

Board from \$200 to \$250 per week.

An abundance of anatomical material has always been furnished at this Institution, and may be depended on hereafter.

The Surgical and Medical Clinique is extensive, and well supplied with interesting cases.

Further information obtained by addressing  
 GEORGE HADLEY, M.D.,

June 15—1854.

Geneva, N. Y.

**SOMETHING NEW.**—A Physician, enjoying a lucrative practice, within thirty minutes ride by railroad from Washington, D. C., will dispose of his business to any New England practitioner if applied for immediately. A Northern physician of fair standing would be sure of \$1500, good business, per year as he would be the only physician in a settlement of about 2000 Northern people, with a rare opportunity to increase it to \$2500. Terms \$150.—For further particulars, address G. F. Chamberlin, M.D., Fairfax Court House, Va.

Aug. 31—3t

**DR. HAMILTON'S FRACTURE TABLES.**  
 For sale at this Office, also at Thimney & Co.'s, Buffalo, N. Y.—Price, for a single copy, 37 1/2 cts.; four or more copies, 25 cts. each. Aug 10—3m

**MASSACHUSETTS MEDICAL SOCIETY.**—A Stated Meeting of the Counsellors of the Massachusetts Medical Society will be held at the Room of the Suffolk District Medical Society, Phillips Place, opposite the Stone Chapel, Tremont street, Boston, on Wednesday, Oct. 5th, at 11 o'clock, A.M.  
 CHAS. E. WARE, Rec. Sec.  
 Boston, Sept. 5, 1853. s7-tm

**PHILBRICK, ATWOOD & CO.**—Manufacturers and dealers in Chemicals and Pharmaceutical Preparations, 160 Washington street, Boston.

S. R. PHILBRICK,  
 LUTHER ATWOOD,  
 WM. ATWOOD.

Sept. 7

**Syrup Iodide of Iron.**—Manufactured and sold by PHILBRICK, ATWOOD & CO., Chemists, 160 Washington st., Boston. sep. 7

**PURE FUSEL OIL.**—Manufactured and sold by PHILBRICK, ATWOOD & CO., Chemists, 160 Washington street, Boston. sep. 7

**FOR SALE.**—The subscriber having removed to his new store will dispose of the entire Apothecary Furniture of the former store, on very reasonable terms.  
 J. T. BROWN,  
 292 Washington cor. Bedford st., Boston.  
 Aug. 31—3t

**DR. H. W. WILLIAMS** has removed to No. 33 Essex Street, opposite Rowe Street. Particular attention given to DISEASES OF THE YE. Nov. 5—eptf

**CASTLETON MEDICAL COLLEGE.**—There will be annually two full Courses of Lectures in this Institution; the *Spring Session* commencing on the last Thursday in February, the *Autumnal Session* commencing on the first Thursday in August. Each course will continue four months, under the direction of the following faculty.

JOSEPH PEKINS, M.D., Prof. of Materia Medica and Obstetrics.

EZRA S. CARR, M.D., Prof. of Chemistry, and Natural History.

WILLIAM SWEETSER, M.D., Prof. of Theory and Practice of Medicine.

MIDDLETON GOLDSMITH, M.D., Prof. of Surgery.

WILLIAM C. KITTRIDGE, A.M., Prof. of Medical Jurisprudence.

CORYDON LA FORD, M.D., Prof. of Anatomy and Physiology.

ADRIAN T. WOODWARD, M.D., Demonstrator of Anatomy.

**Fees.**—For each full Course of Lectures, \$50. For those who have attended two full Courses at other Medical Colleges, \$10. Matriculation, \$5. Graduation, \$16. Board, including the expenses of room, fuel and lights, can be obtained in respectable houses at from \$1.75 to \$2.50 per week.

Castleton is accessible from Albany, via White Hall, and from Boston and Burlington via Rutland, by Railroads.

E. S. CARR, M.D., Registrar.  
 Castleton, Vt., June 1, 1853. jy6—ewta cowtf

**NEW HAVEN MEDICAL SCHOOL FOR PRIVATE INSTRUCTION.**—The first term will commence the first week in March, and close the last of July. The second will correspond with the Lecture Term of the Medical Institution of Yale College, beginning the last week in September and continuing four months.

JONATHAN KNIGHT, M.D., President.  
 S. G. HUBBARD, M.D., Treasurer.

W. HOOKER, M.D., Sec'y.

**INSTRUCTORS.**

JONATHAN KNIGHT, M.D., Institutes of Surgery.

CHAS. HOOKER, M.D., Anatomy and Physiology.

HENRY BRONSON, M.D., Materia Medica.

NATHAN B. IVES, M.D., Midwifery and Diseases of Females.

WORTHINGTON HOOKER, M.D., Theory and Practice of Medicine and Diseases of Children.

PLINY A. JEWETT, M.D., Surgery.

STEPHEN G. HUBBARD, M.D., Pathology and Medical Jurisprudence.

**Fees**—to be paid in advance—For the Summer Term, \$40; Winter Term, \$10; for the Year, \$50.

New Haven, Feb. 25, 1853. mch 2—eow

**ESSAY ON MEDICAL DELUSIONS.**—“An Essay on some of the Principles of Medical Delusion.” By J. H. Nutting, M.D., Stafford Spn. Ct. Reprinted, in a pamphlet of 36 octavo pages, from the Boston Medical and Surgical Journal, and for sale at this office. Single copies, 10 cents; three copies for 25 cents; seven copies for 50 cents; and sixteen copies for \$1. Orders by mail promptly attended to. Aug. 31

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 7.

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## REMARKS ON THE EFFECTS OF SLEEP, IN EXHAUSTED STATES OF THE SYSTEM.

Read before the Medical Society of Oneida Co., N. Y., by JOHN MCCALL, M.D., of Utica.

I PROPOSE making a few remarks, on the present occasion, respecting certain views and practices which have obtained to some extent among physicians, of not allowing such patients as are regarded as much exhausted, from whatever cause, to sleep but a few minutes at a time, from an idea, as they express it, that sleep beyond fifteen or twenty minutes at once, would exhaust and prostrate the vital forces. That such opinions have been entertained by some of our members, I know, and if nurses and other attendants upon the sick are to be relied on in all cases, it is to be feared that they are still put in practice by some of the profession. At least I have been credibly informed that in different parts of our country, some physicians still give directions to the nurses to wake up patients who are in a feeble state, every few minutes, though they may be sleeping soundly at the time.

Several years since, I was called in consultation in a severe case of bilious fever, occurring in the fall season. The patient was a young man in single life, who had been sick some two weeks, and was in danger of having a typhoid form of the disease; he was so reduced in strength at the time as to faint on being raised from his bed. On my second visit, which was in the morning, I inquired of the attendant how the patient had slept during the preceding night. She replied, "pretty well," but remarked that she awoke him every fifteen or twenty minutes. With some surprise, I asked by what authority she had done so; and learned that it was according to the directions of the attending physician, and upon further inquiry I found that such had been the practice enjoined upon the nurse for several days. Regarding such advice as not only singular, but pernicious, I took occasion in the presence of the medical attendant to urge upon the nurse and family the danger of such practice, and advised that the patient be allowed to sleep as long as he wished, even three hours at a time if he could, and that on no occasion should he be again disturbed in like manner. From this time he was permitted to sleep as long as he desired, and often from one to three hours without waking. With careful nursing, strict attention to ventilation and cleanliness, and a mild, supporting course of treatment, our pa-

tient gradually recovered, though his convalescence was slow, and it was not until the approach of the cold weather of winter that he fully regained his strength and health. In another instance, where I was called in consultation, the same course had been pursued. The patient was a young lad about 11 years of age, the son of a clergyman, suffering an attack of inflammation of the bowels. He was naturally feeble, and easily prostrated, had been ill six days when I first saw him, and by accident I learned that the nurse and watchers, by direction of the medical attendant, had made it a rule to wake him every few minutes. He was petulant, "nervous," as it is called, and easily disturbed by trifling things; his pulse was very frequent, varying from 120 to 140 in the minute, small and feeble, and he was irritated and annoyed by almost everything said or done to him. He was now told and enjoined to sleep as long as he wished, and the nurse was forbidden to wake him, even though he should "sleep hard," to use their own words. "Tired nature's sweet restorer, balmy sleep," was now allowed to do her work "in her dire way," and with the aid of suitable anodynes and soothing remedies, the young patient slowly recovered.

In proof that one or more of our profession in distant States or sections of the country entertain like views, and pursue similar treatment, if such a term is admissible, I may mention the case of a merchant from Michigan, who became a patient of mine while suffering a severe inflammation of the middle finger of the left hand, occasioned by a slight wound received from the point of a needle near the first joint. This gentleman's constitution was a good deal impaired, in consequence of a severe course of fever which he had passed through in the preceding fall or winter. In the relation of his illness to me, he stated that by the advice of the physician who attended him, he was allowed to sleep but a few minutes at a time. On my third visit, I learned that his good young wife had made it a rule to wake him every fifteen or twenty minutes, assuring me that his medical attendant in Michigan had advised this practice. The patient was now told to sleep all night if he could, and his wife respectfully requested to do the same, and thus give herself no further solicitude about his "sleeping too hard." From this time he was allowed and enabled to rest quite comfortably by one or two small Dover's powders in the evening. He is now fully convinced that sleep, even if "hard," is nature's best restorer.

How prevalent these opinions may be, I am unable to say, but I fear there are still a few of the medical profession who entertain them, and it is very certain that in this region such notions too generally obtain among nurses and attendants upon the sick. My object in presenting the subject is to solicit attention thereto, and at the same time to ascertain, if possible, if such practice is ever advisable in the class of patients above mentioned.

Having never seen or heard any good reason given in support of such practice, and being unable to reconcile either with any experience of my own touching the physiological and pathological view of the case, I trust I shall be excused in thus briefly discussing the subject. And in order to find out the truth here as elsewhere (which, by-the-bye, is

often a difficult matter, and he who asks, *what is truth?* and endeavors to find it by patient thought, and careful examination, is deserving of something more than the sneers and ridicule of the world), I shall at once proceed to inquire into the condition of the human economy in a state of sleep.

And in the first place—What is sleep? Is it a state or condition of rest of the mind and body, or simply of some portion of the organism? To arrive at the facts in the case, let us take for an example a person sleeping soundly. All the external senses are more or less locked up—in other words, resting. Neither the sense of vision, hearing, tasting, smelling, nor speech, attend to their respective functions in sound sleep. The muscles of locomotion are all quiet and immovable, and all those parts or portions of the brain and nervous system concerned in thought and feeling, no longer take note of time or circumstances, or the objects of earth or heaven. The individual on awakening can rarely give any account of himself, or what occurred during his sleep. The circulating system with the secretions and the respiratory movements all move onward regularly during such a state, and yet, on awakening, the person is unable to give any account of what passed during his state of rest. And what is particularly worthy of notice, as bearing on this question, is the fact, that the sleeper is generally, if not always, refreshed and invigorated, so as to be ready and willing to resume again his labors of body and mind. How often, too, have we not witnessed the restoration of the poor patient to health and reason, who only a few hours before was perhaps all but exhausted from the dreadful effects of delirium tremens? In this, as in all diseases and affections of the brain and nervous system which eventuate in some form of insanity, *sleep* is the only certain remedy. These statements require no special proof, as they are known to many intelligent persons out of the profession. So long as an individual sleeps well, there is little or no danger of the supervention of insanity. I suppose that all parts of the brain which are concerned in mental manifestations, require rest or sleep, as well as the muscles of locomotion. Not only man, but animals, birds and all living things require sleep. Plants droop and suffer, when deprived of that great restorative principle of nature.

The opinion that sleep of two or three hours' continuance can exhaust the powers of the system when in an enfeebled condition, seems to me unreasonable, and is not founded on any physiological or pathological principle with which I am acquainted. It is a common idea, that the mind may become fatigued, sick or diseased, and that it is never idle or asleep. I cannot conceive how all this can happen to an immaterial thing, which the mind is said to be. It seems to me, that physiological and pathological facts relating to the encephalon can best explain this matter, and one such fact is worth a thousand metaphysical speculations.

And now let me ask, What is the amount of our knowledge on this subject? What do we know of the use or purposes of the brain in health, and what do we know of its pathology? Certainly if we understood its physiology and pathology, we could talk intelligibly upon the great subject of mental philosophy. Have we any system on that sub-

ject recognized as sound in all its points, aside from phrenology? And yet who but the medical philosopher should best understand this matter, as, also, the subject of sleep and its effects both in health and disease?

If these remarks should elicit one useful idea in behalf of our noble profession, I shall feel satisfied.—*New York Journal of Medicine and the Collateral Sciences.*

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#### ORGANIC AND PHYSIOLOGICAL CHEMISTRY.

[REFERENCE was made in this Journal, some weeks since, to a pamphlet, by Dr. Bennet Dowler, of New Orleans, containing remarks on Prof. Carl Lowig's work on Organic and Physiological Chemistry. Prof. Sanford, of Iowa, who has lately visited Dr. Dowler at his home in New Orleans, has also noticed his pamphlet, in the *Western Medico-Chirurgical Journal*, of which he is editor, and has taken occasion to allude at the same time to some of the mental characteristics of Dr. D. We copy, below, what he says on these topics, and we venture to express the hope that Dr. D.'s literary labors may in due time yield some adequate pecuniary compensation to himself, while they benefit his professional brethren and the public generally.—ED.]

One of the most profound and extensive contributions to organic and physiological chemistry has recently resulted from the labors of an eminent German philosopher, who, with more than a common share of the patient and persevering toil for which his countrymen are famous, has pushed his researches into the most remote recesses of the great field whose rich fruits and prolific soil have lately invited the attention of so many illustrious investigators. The characteristics of an original mind, which never realizes its ambition or happiness by simply treading in the footsteps of those who have gone before, are deeply impressed upon the pages of Prof. Lowig's great work, not only as it respects the complex and difficult problems whereby the mutual relations of the elementary world are maintained, but also as it regards the articulate or vocal sounds, or combination of sounds, by which an apprehension of abstract truths is conveyed. If the expression of Hegel that "words are crystallized thoughts" be true, the laws of mental crystallization must run riot in a German philosopher's brain, and give asperities and angularities to those elementary aggregations, which are unknown in the domain of physics. We can easily recognize in the lustre and combinations of the diamond or cornelian an appropriate type of such thoughts as came forth in metrical harmony from the brain of Milton or Byron; but when we invert the illustration, and seek for something in the vast science of crystallography to typify the cryptological nomenclature of Prof. Lowig, as quoted by Dr. Dowler, we feel an instant impression that, not all the mountains or mammoth caves of America could furnish a physical form which in the extraordinary inequalities and angularities of its surface would equal the "crystallized thoughts" which Lowig has, with so much patience and artistic skill, delineated upon the pages of his ponderous tomes. But with all the labor which Lowig has bestowed upon his work, to fortify it

against the understanding of all the world—not German or French—it is, as we infer from Dr. Dowler's reflections, a production of excellence and merit, a real, not an ideal or assumed, addition to demonstrative and exact science. It could be this feature alone, that would excite "reflections" favorable to the work, in the philosophical mind of Dr. D. In the province of intellect, the proposition in electrical science, that "Similar poles repel each other," is reversed; similar minds, influenced by a higher and kindlier law, embrace each with an immortal tenacity, and hence, such a mind as that which animates the body of Bennet Dowler, who could smile with contempt at the luxury and gaudy pageants of wealth, and revel with Archimedean zeal amidst the propositions of Kant's Critique of pure reason, perceives with pleasure and profit the new and useful principles evolved from the profound depths of the patient German's mind, and straightway he begins the rugged ascent of mountains of "crystallized thought" which rise like Chimborazo above the atmosphere which limits the gaze of common mortals, and from thence "reflects" back the knowledge he has gained. Amongst great Americans in our profession, Dr. Dowler stands, in our estimation, the greatest. Not that he has written or spoken more *words* than anybody else, but because, if the labors which he has performed with reference to original developments in science were placed in the scale against those performed by any other living American physician, they would preponderate. During a recent visit to the city of New Orleans, we made the acquaintance, and were honored with the friendly attention of this distinguished gentleman. On one occasion, he showed us a great number of manuscripts upon medical subjects, which had accumulated in his study during the past few years; and what struck us as particularly worthy of remark, was, that all of his papers were written upon some *new* subject, in defence of some *new* doctrine, or in *opposition* to prevailing notions regarded by him as erroneous. Thousands of pages were thus exhibited to us. One manuscript of considerable length, we remember, was written upon the natural history of the mosquito, a subject to common apprehension not demanding much expenditure of time in this way, but one which derived its principal interest, in his estimation, we presume, from the fact, that whilst numerous biographies had been written of the elephant and the crocodile, specimens which give prominence to the natural history of Ethiopia and the Nile, nothing had been said of an animal which makes equally as strong an impress upon the feelings and emotions, if not upon the mind, of the traveller in the forests and valleys of America. Ehrenberg has described thousands of varieties of certain species of infusoria, with an accuracy which would at once be admired, could we get a sight of the little beings which seemed to interest him so much; but this being impossible to those who depend upon their unassisted vision, his labors can be appreciated only by the learned. Dr. Dowler, in his choice of the mosquito and congenerous tribes, has introduced to the world—both scientific and unlettered—an old acquaintance in a new way, and shows him to possess other attributes than the *pene-trating* genius universally conceded to him. But this is only an illustration. We repeat our admiration of Dr. Dowler as a medical scholar,

and reiterate the declaration made some time since, that were his several manuscripts published in a volume they would constitute a most valuable addition to the medical and physical literature of the nineteenth century. May he escape the trying ordeal of persecution which has heretofore met those who have ushered in the advent of new truths, and may a prosperous and honored life reverse the ancient saying, that "a prophet is without credit in his own country."

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#### THE ACTUAL CAUTERY IN DISEASES OF THE UTERUS.

[THE following interesting account of the practice of the first surgeon of the Emperor of France, in an important class of diseases, is part of a letter from Paris, written by W. E. Johnston, W.D., and addressed to the editor of the New York Medical Times.]

The most striking feature, however, in M. Jobert's service at Hotel Dieu, is the bold manner in which he attacks the malignant diseases of the uterus. This is a specialty which he has made his own. Every Monday morning is now almost exclusively devoted to the study of this class of maladies. Beside those confined to beds in the wards, fifteen or twenty out-door patients present themselves every morning, making a large and useful "special" clinic.

A large majority of these cases is composed of malignant diseases of the neck of the uterus. To all such he applies once a week the actual cautery, and the relief which this therapeutic means affords is not only striking, but in its final results astonishing. To M. Jobert the profession owe the revival of this heroic, and, in his hands, successful remedy, in France. Many were the contests which the surgeon of Hotel Dieu had to sustain in its introduction; but he has overcome all opposition by that best of all arguments, the results which follow his treatment.

The number of cases which M. Jobert has now under treatment is about fifty; and in this number one sees every variety of uterine disease, from the simple granulations with slight engorgements, through the various stages of superficial and profound ulceration, terminating in the ragged, sloughing, encephaloid disease with a surface sometimes two inches in diameter. These cases are submitted to the separate inspection of the persons who follow M. Jobert's course, and offer a fine opportunity to become familiar with this class of maladies. The largest proportion of the cases are of the encephaloid character.

To a case of simple engorgement of the neck with granulations, and a discharge more or less copious, M. Jobert applies the nitrate of silver, in substance. To superficial ulcerations with a white tenacious discharge and engorgement, what might be called, as regards intensity, the middle variety of disease, he applies the mercurial nitric acid, on a probang of cotton, pure and in small quantity, quickly followed by a small jet of water, lightly thrown on. He dips the probang into the acid, then squeezes it almost dry, and touches the disease but for a moment. He frequently, where the cavity of the neck of the uterus is diseased, open, and full of mucus, pushes the probang up half an inch, turns it around

and draws it out. It will be seen that, altogether, the amount of the medicament applied is very trifling ; but many witnesses can testify to the gradual and uniform relief which this treatment affords. In the more advanced forms of disease, where sloughing has commenced, and the true malignancy of the disease is at once recognized, he invariably uses the hot iron.

The most common form of disease which presents itself, as already mentioned, is the encephaloid. In some instances he removes the neck with the knife before he commences the cauterizations. Sometimes the ulcer is a saucer-shaped cavity ; sometimes it presents a flat surface, covered with a mass of *bourgeons*, and emitting an offensive, sanguineo-purulent discharge ; again it occupies but one lip, which points forward in a huge mass like a fungus ; and again it is found burrowing a deep hole into the substance of the womb, and increasing by irritation the size of the womb enormously ; while the most persistent form of the disease is found in those cases where there is a large, nodulated, ulcerated surface, which constantly bleeds. The patients run from 23 to 60 years of age.

To these patients M. Jobert never gives any medicine. He depends entirely on the power of the hot irons. He orders simply, after all cauterizations, two injections daily of ptisan de guimauve (marsh-mallow). He uses a large, plain, ivory speculum in nearly every case. Three sizes of irons are used : the smallest is about the size of the little finger, and is used to penetrate the simple, saucer-shaped ulcers, yet small, and those which penetrate deeper, like a fistula ; while the largest size is an inch and a half diameter, two inches long (in the bulb) and slightly oval at the end. The length of time he holds the hot iron on the diseased part is from four to eight seconds—scarcely more than a touch. The rules which guide him are, if the womb beyond the diseased surface offers no resistance on pressure with the iron, that is, if it seem not engorged or scirrhused beyond the ulcerated surface, the indication is that the disease is not profound, and he touches but lightly. If, on the other hand, evidence to the contrary exists, he not only holds the iron longer, but pushes firmly upon it, so as to carry the burning surface deeply into the diseased structure. The small iron he uses but once, the larger one sometimes two or three times in quick succession, holding it out long enough to have an injection of cold water thrown into the speculum, so as to cool it off—a very necessary precaution ; for if it be held too long, it will heat the speculum sufficiently to burn the walls of the vagina. These operations are performed every seven or fourteen days, and it is not at all uncommon to see cases decidedly carcinomatous yield after the twentieth or thirtieth cauterization. At least they are discharged, with the neck of the womb, or what is left of it, soft and pliable, and with the diseased surface cicatrized, pale, and free from discharge, other than a sweaty exudation of trifling importance. As might be expected, there are many old standing and bad cases in women of depraved constitutions, who are not cured ; but the relief which the cauterizations afford even these patients, is so marked and so prompt, especially in diminishing the discharge and the pain, that it is not uncommon to see them come time

after time a long way to the hospital, after they know there is no hope for them, to have the hot iron applied.

A fact which will seem curious to persons who have not seen this operation, is, that the application of the *fer rouge* gives no pain whatever. All the horrors of the operation consist in the sight of the red iron, the hissing noise, the smoke, and the suffocating smell of burning flesh. I have seen M. Jobert apply the iron more than four hundred times, and I have the first time yet to hear a woman cry from the pain of the burning; while they almost invariably cry at the introduction and withdrawal of the speculum. It must be confessed, however, that this surgeon is none too delicate in the use of the latter instrument.

Why does not the *fer rouge* produce pain; and why does not the burning produce inflammation and disagreeable *sequelæ*, as in other parts of the body? M. Jobert maintains that the neck of the uterus possesses a peculiar arrangement of fibres, which precludes it from carrying the burning influence of a red-hot iron to parts beyond that immediately in contact with the iron, even if applied to a perfectly healthy uterus; and contrary to doctrines taught by some, he believes that the neck of the womb is too feebly supplied with nervous filaments to carry readily the deleterious impression of the iron.

These are the doctrines and this the practice of M. Jobert, in the treatment of the class of diseases spoken of; and he has succeeded beyond the expectations of all his *confrères*. I was informed by this gentleman lately, and I take pleasure in making it known, that he is now, by the aid of M. Gaillard, one of his *internes*, preparing an ample work for publication, on the diseases of the uterus and the results of his peculiar modes of practice. The book will meet a high appreciation in this part of the world.

M. Jobert also applies the hot iron to obstinate chronic diseases in other parts of the body. Recently, he treated an interesting case of salivary fistula in this way. The case was that of a healthy young woman from the country, who, after a severe attack of typhoid fever three years ago, was left with an obstruction of Steno's duct on each side, with fistulous openings just behind the branch of the inferior maxillary and close under the lobe of the ear. All surgeons know the disappointments which frequently attend the treatment of these cases. These disappointments had been verified in this case. M. Jobert thrust the red iron into each fistula, and waited a week without noticing any amelioration. He then resorted to his old practice—compression, with cauterizations of nitrate of silver. These cauterizations were practised twice and three times per week, and the compression was uninterrupted. Under this treatment, the fistulas healed in two months. M. Jobert attributes most of the cure to the latter treatment; but from the sudden destruction of the diseased tissues which surrounded thickly the fistulous orifices, there is no doubt but that the first thorough burning was the principal cause of the hasty cure.

## TREATMENT OF SPINAL CURVATURE.

[Concluded from page 121.]

THESE matters of history have been referred to, to show that it is useless to expect to remedy any one difficulty, like that of spinal curvature, by any particular set of measures, while the causes of it are as various as (and more manifold than) the special organs that contribute to make the spine a flexible pillar of support. In every different method instituted, some particular form of difficulty would be met ; and in those cases where a cure was possible, it was certain to occur ; while the same means, in other forms of derangement, would either effect nothing or result in great harm.

So far as the treatment of various forms of spinal derangement is concerned, no fact can be safely excluded, either in the diagnosis or the treatment. To exclude caustics in every case, because they are absolutely inefficacious or injurious in the majority of cases, is as wise as to exclude the use of instruments in every case, because they may effect an evil. The truth is, that in cases where there is active inflammation, caries, or ulceration, the recumbent position is required. If the disease lies in the intervertebral cartilage, indicated by pain on passing a sponge wet with warm water over the surface, the caustic issues appear to have a very favorable effect.

In all cases, with which I have had to do, where electricity has been applied (except in the active stage of inflammation), the most happy results have been brought about. It is to be applied, however, with the greatest care.

Brodie, in such cases, discountenances the use of those instruments that have the least tendency to extend the vertebræ, as this inevitably increases the irritability of the affected parts. Yet he commends one which will allow the patient to sit upright, without allowing the weight of superincumbent parts to rest upon the diseased vertebræ. Neither allows of the motion of those parts. This is only to be used at intervals, the horizontal position being that which is mostly required in such cases.\* In those cases arising from muscular derangement, this instrument not only has no applicability, but would be one of the worst things that could be devised, as it does not allow of the action of any of the spinal muscles. The cases wherein it is required, then, are exceedingly rare. As soon as the disease is sufficiently subdued to allow of muscular action, it becomes detrimental ; and if any instrument would then be beneficial, it should be flexible in every possible direction, to suit the demands of the muscles. Such an instrument is readily adapted to those cases demanding support.

I have said in a former article, what every one will be ready to admit, that should the treatment, in every particular case of spinal curvature (where a cure is not rendered impossible in the nature of things), be adapted to the physiological, anatomical, pathological and mechanical principles involved, a cure may reasonably be expected. In this, no reference was had to inflammation or caries of bones, or ulceration of fibro-cartilage, as all these, according even to Pott, especially to Copeland,

\* An instrument like the one described by Brodie, is offered for sale in this city at Mrs. Miller's.

Wilson, Brodie and others, may and do take place without curvature. These may be the first causes in certain cases, which, when followed by ankylosis, as is frequently the result, renders the curvature incurable. And all enlightened surgeons who have treated upon such cases testify to the extremely dangerous policy of hair-brained doctors in attempting, by stretching, "screwing up," or by any forcible measures, to restore such cases to an erect attitude.

The cases that remain, upon which the skill of the physician may be exercised, are those produced by other causes than caries or ulceration—where there has been neither the destruction of necessary substance, nor the addition of solid substance to the vertebræ. But where there has been simply a gradual absorption of intervertebral substance, on one side, by topical pressure, no surgeon will deny the possibility of restoration, though the treatment should be protracted and tedious, provided proper means be employed.

Now suppose this form of derangement of the spinal column and its attachments is decided in a particular case, being induced by the habit of leaning on one side. Of course the muscles also become accommodated to this condition. Those not used have become debilitated; while those, upon which have fallen a greater burden, have become more powerful and enlarged. The ligaments also have more or less accommodated themselves to the same condition. It is evident that, in this case, the means made use of must, in the first place, overcome the topical pressure on the side where it has been taking place, and throw it upon the opposite. In the second place, the action and re-action of those muscles must be excited which have become unequal in their dynamics. In the third place, the free action of no other muscle, or class of muscles, is to be interfered with. That is, no muscle is to be cramped or confined in order to remedy other parts. In the fourth place, the force that is to remove the topical pressure must be constant. This should have been mentioned with the first.

The *first* object is to overcome topical pressure, upon the intervertebral cartilage, by a constant counter influence. This may be effected by placing the patient in a machine, to which screws are attached which shall *screw* off the pressure. But this would not allow of the action and re-action of the weakened muscles, and would confine others; and if persevered in *constantly*, or incessantly, would kill the patient, before it remedied the deformity.

The influence, then, must arise from an arrangement, that will *lift flexibly*. And such an influence may be *constantly* exerted without any infringement on the muscles, as the flexibility of the instrument must allow of the free or natural action of all the muscles. Such an arrangement can be made, indeed has already been effected, by means of serpentine springs, composed of wire less than the eighth of an inch in diameter.\* One or two of these stand perpendicular or parallel with the spinal line; being properly braced at the sacrum, or at the lower lumbar vertebræ; and from the lower dorsal, light serpentine wire springs are given off,

\* Mr. Norman Wilson is the inventor of this instrument, and its different ingenious combinations may be seen at his office, 41 Tremont Row.

running parallel with the ribs; the uppermost of these is curved down under the arm-pits. Appropriate lacings are attached, so as to fit the instrument, without cramping any of the natural motions.

When one of these instruments is properly fitted, it adapts itself to the curved position of the spine, *temporarily* and *flexibly*, and constantly re-acts against any position except the upright one. This while it gently lifts off, so to speak, the topical pressure, upon the intervertebral cartilage, on the concave side, it gently and constantly excites the action and reaction of those muscles which have become debilitated by inaction, and slightly, but constantly, reduces those which have become over-developed by long and undue exertion.

A simpler arrangement of this spring, and one which answers in the majority of cases, is where a simple spinal brace is fitted, by means of an elastic shoulder-brace, and a belt. In cases where the abdomen requires support at the same time, an abdominal pad is attached by means of light wire springs.

To the former arrangement a spring may be attached at the top, for sustaining the head, in cases where it is required. The whole arrangement is wholly different from any other, and is entirely composed of serpentine springs, which allow of motion in every direction.

So far as this instrument has been applied by physicians, it has given the most unanticipated satisfaction, and is worthy of further trial by members of the faculty.

The exercise of the muscles, or their equal action, in all cases where the cause lies in this department, is conceded by all modern writers on spinal deformity. Every one who has observed the condition of muscles in this affection, has noticed that while one class have become lax and flabby, others have become tense and hard, as in a state of contraction or tonic spasm. The same state of muscles will be seen often in certain forms of paralysis. The muscles of the spine, it cannot be reasonably doubted, are subject to the same conditions that we often observe in those of the extremities. "Why not?" asks Dr. Little, in his late admirable work on deformities. The agent required is a local excitant, and one that will act just as we desire it. Of all others we find this to be electricity. Its abuse by hundreds who do not understand it—its failure in the hands of the ignorant—is no argument against it. When rightly applied—applied with specific reference to the individual condition of each muscle involved in the deformity, and with due regard to the nerve centres, and the sympathetic system—it is followed with the most happy results.

Taken *in time* and with proper regard, in the treatment, to the physiological, anatomical, pathological and mechanical principles involved, very few cases of spinal, or any deformity, would be found irremediable. In "long-gone" cases of any description the prognosis must be "vastly uncertain." To lace the form into "coats of mail," or jackets of steel that cramp the muscles, is as barbarous as it is unscientific. Each case, to be properly treated, must receive the remedial means adapted to its individual requirements. No one appliance can be suitable for all, nor indeed for any great number of cases.

E. C. ROGERS, M.D.

September 4, 1853.

## TREATMENT OF YELLOW FEVER.

[A CORRESPONDENT in New Orleans writes as follows respecting the treatment of the disease which has been so fearfully prevalent in that city of late.]

As you will perceive by the papers, we are having the worst epidemic ever known in this city. The mortality is excessive ; but whether all depending upon the real sickness, or in a manner caused by trying to do too much, to kill the fever before the proper time, may admit of a question. For myself, I can speak with some certainty. I have found no other symptoms, than those usually encountered in fevers of a severe type, and have really had no difficulty with my patients, nor have I found any necessity for deviating from the old beaten track, always taking the symptoms as the guide, and not indulging the vain hope of making medicine as an art overcome nature. The ordinary symptoms, though you are acquainted with them, I may as well repeat. Generally, chilliness and shivering some hours ; headache ; pains in the back and limbs ; hot dry skin ; full bounding pulse generally ; eyes red ; at times nausea or vomiting. Some have been fond of large doses of quinine to cut short at once the fever. No doubt sometimes such a course may prove beneficial ; but in the long run I cannot believe that many advocates will be found to uphold it, as equal to the more general, and, as appears to me, more rational one of striving to aid nature to throw off the offending cause, be it what it may. Some conjoin morphia with the quinine ; and woe betide the head of many who take such a dose, remembering that the head is already almost always suffering. In two cases such a course has resulted most disastrously ; and I hope, for the benefit of our profession, all will give a full and fair account of each case, no matter by what course treated, and let us know the result. Such a course could not but redound to the good of the profession ; and I do think the public would be no losers, for when life or death is the issue, are not they interested in knowing precisely what results have followed the different courses of treatment pursued.

In some fifteen cases, of all ages and of both sexes, I have pursued the following general plan, merely varying the frequency of dose to meet the different degrees of severity. I give a hot mustard foot-bath, followed by six to ten grs. of blue pill, and in two to four hours a moderate dose of oil, unless I find the stomach irritable and disposed to throw off, when I use the Seidlitz powders, cold with ice, and repeat every one or two hours, until the bowels are freely moved. I then substitute soda for Seidlitz powders, and bring in the following almost from the beginning, to endeavor to calm fever, and cause or assist in keeping up a free perspiration ; and in effecting this, I hardly think, under the circumstances, that failures can occur. If necessary, after the foot-bath, I envelope the feet and ankles in a large warm hop and flax-seed meal poultice ; but this is only occasionally requisite. The violent headache which almost all suffer from, I consider of a nervous character, almost essential to the disease, and which will go off in twelve or fourteen hours, and, as far as I am concerned, never requires cups or bleeding in any way.

All do not think so, for some cup and bleed; but whether with that amount of benefit which will in any way compensate for the great depression of bodily strength which is almost inevitable, and which fully shows itself the moment convalescence begins, I will not determine for them. I am decidedly opposed to it, have never been obliged to resort to it, and cannot bring my mind to see the least reason for it. A man perfectly well, is suddenly seized; has at times excessive pain of head, principally in the forehead and eyes. Certainly there is not inflammation; and what then is this pain but a nervous one, and why for that deplete, when the time will shortly arrive, under the most favorable circumstances, that all of the strength left is required for convalescence, which is the most difficult part of the treatment to manage. With the exception of the recipe alluded to, which is as follows, I give scarcely anything but cold gum-water, lemonade or flax-seed tea:—*R.* Nit. potass., ʒij. to ʒj.; chlor. potass., ʒj. to ʒij.; vin antim., ʒss. to ʒj.; spts. nit. dulc., ʒss. to ʒj.; aq. fl. aurant., ʒj. to ʒij.; aq. destil., ʒvj. to ʒviij. Of this the dose is two to four teaspoonsful every hour, and the free use of cold drinks. With the medicines above named, and that is all I can for the life of me see any necessity of giving, all of my patients get well; the fever goes off in twelve to thirty hours, gradually diminishing after it has once commenced. Under its use I feel sure all will go right, and merely continue it without change. I feel disposed to let well enough alone, believing that the human body was made sufficiently perfect to be able to withstand a few days fever. I shall certainly hold on to my present plan, as long as I find no drawback while adopting it.

If, on the 4th, 5th and 6th day, I find my patient free from all disease, indulging in moderation simple fare, and hourly improving, what more can I or they ask or desire? I know of very many melancholy cases where quinine and morphine have apparently done so much more harm than all the good they have done in other cases, that I could not think of using them.

The mail is about closing, or I might extend these remarks, to a certain extent condemning some old-established usages here, which I have done, and thus far always to the benefit of my patients. I forgot to say that cold salt-water injections, three or four tablespoonsful to two quarts, act well; they relieve the head, diminish fever, and clear out or bring down the hepatic secretion.

#### CASE OF POPLITEAL ANEURISM.

[Communicated for the Boston Medical and Surgical Journal.]

In the treatment of the following case I was associated with my friend Dr. S. W. Williams. The patient, a laborer, 60 years of age, had lived an irregular life, yet his constitutional vigor did not appear to be seriously impaired. His account of himself was, that not more than two months since he accidentally discovered a small swelling in the ham, which, however, was considered of no importance, until recently it sud-

denly, and without assignable cause, became excessively augmented in volume, entirely filling and rising prominently out of the popliteal space. It was so painful that poultices were applied for relief, and in this condition we found him.

The aneurismal tumor, for such it was, was surrounded by a tense diffused swelling, extending somewhat up the thigh and downward to the foot, rendering the leg painful, tender, cold and ecchymosed. The tumor had a powerful synchronous pulsation, which could be easily arrested by pressure upon the artery at Poupart's ligament. Its volume was thereby diminished, but it returned directly upon relieving the compression. The blowing murmur was distinctly audible, and altogether the pathology of the case and the indication of treatment appearing so obvious, we tied the femoral artery without delay at the upper third of the thigh.

Pulsation never returned in the tumor, which immediately collapsed, and the final result of the operation was entirely successful.

*Greenfield, Sept. 6th, 1853.*

JAMES DEANE.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 14, 1853.

*Contagiousness of Yellow Fever.*—For many years, very little has been said in favor of the opinion, once generally entertained, that the yellow fever could be carried from one place to another, and thus propagated. Physicians at the South have pretty uniformly agreed that the disease was not contagious; but the people generally believe that it is, and municipal health regulations, throughout the United States, are enforced upon the principle that if all communication with the sick is cut off, the malady may possibly be controlled. It is quite remarkable, and will be so regarded by our successors, that while learned medical writers and public medical advisers stand firmly in the doctrine of non-contagion in this matter, every board of health acts independently of their advice, and often contrary to their counsel. The legislatures of the different States, and even the general government, also pursue the same course. Under ordinary circumstances, this would be called a gross insult; but the wise ones swallow all with a pacific deportment—still insisting that no danger is to be apprehended from yellow fever. Evidence of a conclusive character seems to have been presented in New Orleans, to show that the present scourge was introduced by a vessel; and in every previous instance, when the fever has swept off the citizens by thousands, the infliction, as it has appeared afterwards, might have been avoided by a strict health police examination. At Natchez, the fact is undeniable that the yellow fever was carried there from the infected city below; and thus it creeps onward, sweeping away, as it moves, masses of human beings, whose lives might have been preserved by ordinary vigilance and non-intercourse. Individually, we are obliged to believe in the infectious character of this southern plague. If the medical authorities, numerous and respectable as they are, still adhere to their medical conclusions, we are compelled to acknowledge that the history of these epidemics is against them; the popular sentiment declares they are in an error; and those who

have neither prejudices nor pride to sustain in order to be consistent, are constrained to believe, what the repeated mortality of New Orleans has thoroughly established, that the yellow fever is an infectious disease.

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*Medical Schools.*—Great efforts are making, at different points, to influence students in their choice of a medical school. On the whole, is this strife becoming, in institutions where gentlemen of profound learning and dignified manners are the teachers? When individual physicians take unusual measures to advertise their fitness or skill, the societies to which they may belong frown upon the proceeding as injurious to the character of the profession; but animadversions have seldom been cast upon incorporated colleges for efforts made by them. Yet the principle is precisely the same, the object in both cases being to procure profitable customers. Without presuming to intimate the line of conduct that should be pursued among rival schools, it is quite certain that some departures from a high standard have been recognized. Medical schools are so numerous as to be subject to some of the vicissitudes of trade, and to be tempted into acts of rivalry and competition; they meet impending danger—that is, unremunerative classes—by cheapening their tuition. This leads, in the end, to a loss of reputation, and students are not thoroughly instructed. If there were fewer schools, according to the theorizings of some, medical attainments would be more elevated, degrees less easily obtained, and the country be furnished with medical practitioners worthy of the confidence of the people. But there will doubtless be more medical institutions chartered, before a single one of the group now in operation, dies of inanition. Wisconsin, Nebraska, the new territory of Washington, the Mormon region of Deseret, California, Oregon, &c., intimate their intention of educating their own physicians and surgeons. By this increase in the number of schools, the increasing demand of the country for physicians will be supplied without much enlargement of the old ones, and a degree of weakness will pervade the whole of them. This is a matter which cannot be controlled. Each State being an independent sovereignty, medical colleges, as well as other similar institutions, will hereafter be chartered by them, without regard to the effect produced on existing schools. Under these circumstances, and in order to maintain the dignity of colleges hereafter to be so numerous, all clap-trap manœuvring by any of them should be at once frowned down. If it is possible in all cases to appoint professors who consider professional honor of some importance, and the getting of dollars from the sale of lecture tickets, matriculation fees, and charges on diplomas, not the great purpose of medical teaching, it will be a happy circumstance; and to do this, should be the object of all who have any influence in the matter.

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*Public Health in New England.*—A pretty regular report of the weekly bills of mortality in our large cities is published, but excites no particular comment, except as regards the extreme south, because the number of deaths is not large. Throughout all the northern States, the season has been healthful, and free from malignant distempers or maladies of a marked character. Notwithstanding the intense heat and sultriness of the weather some of the time, there have been no unusual manifestations of disease, although among children death was active at the commencement of fruit gathering. Throat complaints are prevalent, and sometimes obstinate, even under proper medication. When neglected, an engorgement of the apparatus of the

fauces, incipient cough from irritation, and sometimes a speedy degeneracy into ulceration, render it difficult to offer relief. Dysenteric affections have occasionally demanded prompt practice, but, on the whole, no alarm has been felt from it as an epidemic. Cases of typhus are to be found in most of the country towns, and also in Boston, but they may be considered as sporadic. Cases are also occurring of other diseases, which sometimes become epidemic; but there is little fear of their now becoming so, as the sickly season is drawing near its close.

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*New Medical Books.*—Rumor says that some new works on medical subjects are in preparation, by native authors. It is gratifying intelligence. We are too much prone to be satisfied with the opinions and suggestions of European writers. There is among us both talent and material in abundance, to produce books on every branch of medicine. In the hospitals and dispensaries of our cities, illustrative cases might be procured in abundance. Books containing facts, as they occur, with very few comments, are usually in higher repute among practitioners than those made up of theories. Another work may soon be expected from Dr. Channing, Prof. of Obstetrics in the Massachusetts Medical College. It will treat of his favorite subject, in the daily observation of which, his experience has been ample enough to give a sterling value to his writings. He is eminently practical, and has as little to do with whims and caprices as any man who could be selected to give elementary instruction in a department to which an essential part of Dr. C.'s active life has been devoted. Philadelphia exhibits enterprise in the line of authorship, that should reproach many of us with the recollection of unimproved time, that might have been profitably employed in gathering up treasures of knowledge for the benefit of succeeding inquirers. A habit is easily established, of recording our daily transactions; and insensibly, a pleasure is derived from this literary toil that more than compensates for the time it costs.

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*Treatment of Spermatorrhœa.*—Since the first notice in this Journal of spermatorrhœa rings, rapid improvements have followed in the mechanism of the instrument by which the cure is effected. Dr. Cheever, at the Tremont Temple, has had a demand for them that shows the estimation in which they are held by sufferers. It is useless to attempt a cure in these cases, with medicine. This mechanical contrivance, scarcely six months old, is superior to any method heretofore proposed. Mr. Buck, of the firm of Messrs. McNary & Buck, Pharmacopists, Hartford, Conn., has produced a ring, remarkable for the ingenuity displayed in its construction. The inner ring is covered with wash leather, and by means of a stud, supporting it equidistantly from the outer side, when the teeth begin to act, they are all brought into action at once. The material is silver, neatly manufactured, and it may be found at Burnett's, Tremont Row, Boston. Accompanying the article, are printed directions, explaining the way it is to be used, together with some judicious observations touching certain preparations previous to wearing the instrument. Mr. Buck claims to have priority in this invention, having first manufactured the rings as far back as January last.

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*Operations on the Eye.*—Last week a synopsis of the leading features of Walton's Ophthalmic Surgery, edited by Dr. Littell, was given in the Jour-

nal. We have been reading parts of the volume since, with peculiar satisfaction. There is reason for hoping that this branch of surgery is about making progress. For some years it has been nearly at a stand-still. Perhaps the treatment of cataract, amaurosis, various forms of inflammation of the appendages, &c., cannot be essentially improved; but opacities of the cornea demand further attention and effort. There is one chapter of the book devoted to the consideration of this subject, that may be studied with profit. No doubt many cases of blindness are within the reach of an operation, but are neglected upon the presumption that nothing can be done. It is often justifiable to make an attempt, when the patient is already blind, even if success is not certain. As the cornea, in its mechanical construction, is made up of a succession of layers, not unlike a nest of watch crystals, one lying within another, some one of them may be the seat of the opacity, the removal of which would restore vision, the walls beyond being transparent. By cautiously removing the outer surface with the point of a delicate instrument, by a kind of scraping process, the true condition may be ascertained, and possibly the opacity entirely overcome. The chapter referred to furnishes precedents to warrant the attempt on many a neglected blind eye, and we recommend gentlemen devoted to ophthalmic practice to take courage, and exert themselves to make advances where there is both room and a desire for it.

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*Vaccination.*—A law has recently been enacted by the British Parliament that every child born in England and Wales, after the first of August, 1853, shall be vaccinated within three months from birth. If neglected, the parents are liable to a heavy fine. With the greatest boon at hand ever conferred on man, in saving him from liability to the worst of diseases, the people of Great Britain refuse to avail themselves of it extensively enough to root out the smallpox. There are objections to the operation in the minds of many ignorant, obstinate persons; some are afraid to submit to it, while thousands neglect the protecting mercy through an apprehension that impurities may be introduced into the system. But unless the legislature is imperative in obliging each and every one, without partiality, to submit, the smallpox will continue to sweep off thousands of persons annually. A few towns and cities in New England refuse to permit children to enter the public schools unless vaccinated. This, however, is not sufficient. State laws should be framed, as in the mother country, to compel every body to be safe against the smallpox.

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*Professional Delinquencies.*—It is a rare circumstance that a physician abuses the confidence reposed in him as a professional adviser. Such things, however, do sometimes occur—showing that medical men are not, individually, as perfect as they should be in that relation. The following intelligence is copied from a newspaper; and if but half true, it exhibits a degree of downright wickedness without a precedent in the annals of crime among physicians.

“Three young ladies of Cincinnati sent in a petition to the Common Council there, a few evenings since, setting forth that they were inmates of the City Infirmary, and that they had been seduced by two officers of that Institution, Drs. M—— and V——, who afterwards conveyed them to a Justice of the Peace, and made oath that they were lunatics, and caused them to be committed to the Commercial Hospital. The females claim that

this was done by the doctors to hide the conduct of which they had been guilty. The petitioners asked Council to investigate the matter, and give them redress. Several members of the Board stated that these and similar outrages by these officers had come to their ears, and it was high time an investigation was made. A resolution, appointing a special committee of three, with power to send for persons and papers, and give the matter a thorough examination, was passed."

*The New Orleans Pestilence.*—Since our last, the mortality from yellow fever in New Orleans has much abated. The deaths from the fever on the 4th inst. were, by the report, 95; on the 5th, 72; 6th, 65; and 7th, 53. The "Delta" newspaper, of that city, Aug. 28th, gives the following statement of the interments in all the cemeteries of the city, from the 22d of May to the morning of the 27th of August.

Week end'g	Yellow Fev.	Other Diseases.	Total.	Daily.	Yellow Fev.	Other Diseases.	Total.
May 28,	1	139	140	Aug. 10,	191	23	224
June 4,	1	141	142	" 11,	204	14	218
" 11,	4	150	154	" 12,	182	25	207
" 18,	7	140	147	" 13,	192	22	214
" 25,	9	158	167	" 14,	206	26	232
July 2,	25	152	177	" 15,	187	26	213
" 9,	59	129	188	" 16,	174	19	193
" 16,	204	140	344	" 17,	198	21	219
" 23,	429	188	617	" 18,	197	22	219
" 31,	692	192	884	" 19,	219	15	234
Daily.				" 20,	195	29	224
August 1,	117	25	142	" 21,	245	24	269
" 2,	121	14	135	" 22,	254	29	283
" 3,	129	17	146	" 23,	234	24	258
" 4,	151	15	166	" 24,	199	23	222
" 5,	141	9	150	" 25,	199	19	218
" 6,	208	30	238	" 26,	164	29	193
" 7,	169	40	209	" 27,	159	26	185
" 8,	204	24	228				
" 9,	172	20	192		6,442	2,149	8,591

The Picayune of the same date has the following remark:—

"It would be an interesting statistical fact for the Board of Health to inquire how many children and grown persons born here, have died of the fever? how many have had the fever twice? how many colored persons have died of it? We know of a number of children born here, under the age of 10 years, who have died of the fever; we know positively one case, and have heard of a good many, where the person attacked had already had the fever here; we know of negroes who have had the fever and died of it; and we know, too, of a number of persons who have lived here through several epidemics, some of whom have been attacked this year, and others have escaped it altogether."

"We were much gratified at a recent visit to the City Prison and the temporary Asylum for the Insane, to learn that no sickness from the prevailing fever exists in either of these institutions. This fact reflects much credit upon their management, and must be highly gratifying to every humane person."

*Magic Medicine.*—Multitudes of strangers from the country are flocking to Boston on very singular business, considering the boasted intelligence of the age. It is to consult two professed astrologers. One of them, as announced by circulars of the most extravagant character, prescribes magical medicine! Their services are in the highest demand—and they are almost overwhelmed with patronage. Both are foreigners. Their daily receipts,

even making a deduction of 50 per cent. from what rumor reports, far exceed the income of any four physicians in the city.

*The Yellow Fever in Mobile and Natchez.*—The yellow fever is prevalent in other cities at the South, besides New Orleans. In Mobile, the Board of Health reported 23 interments for the 24 hours ending at 6, P.M., Aug. 27th. On the 2d of September we perceive by the papers that the number of deaths by yellow fever was 37. At Natchez the fever is prevailing as an epidemic, and causing much alarm and distress. The deaths, though small in number, are in proportion, it is said, to 100 a day in New Orleans. At Pensacola, Vicksburg, and other places, cases of the fever are also occurring.

*Medical Miscellany.*—James Dobbin died at Falmouth, Me., aged 102, very lately.—Dr. Ames, recently returned from California, shot a gentleman in the street in Cincinnati, and the wound threatens to terminate fatally.—Dr. Forman has been appointed assistant examiner in the Patent Office.—Black Snake, an Indian, 106 years old, resides at the Alleghany Reserve, in good health, and as active as most men at 40.—The petition circulated in New Orleans, recommending Dr. Bennett Dowler for a foreign consulship, was signed by all the City Council.—Dr. Arthur P. Hayne has received the appointment of Special Examiner of Drugs, &c., at Charleston, S. C.—The claims of Dr. C. W. Long, of Athens, Ga., to be the first person who used ether as an anæsthetic agent in surgical operations, have been unanimously admitted by the Georgia State Medical Society.—The tax on lawyers, physicians and dentists having been pronounced by Judge Lomax, of Virginia, unconstitutional, the Town Council of Fredericksburg have directed such taxes for 1852 to be refunded.—Dr. Socrates Maupin has been appointed Professor of Chemistry in the University of Virginia. Mr. Smith, of Loudoun Co., Va., takes the Chair of Natural Philosophy, and Dr. J. Stage Davis takes the Chair of Anatomy.—Dr. Stribling has postponed the date of the time when his resignation of the superintendency of the Western Lunatic Asylum of Virginia shall take effect.—Mary Simondson died at Shippenburg, Penn., recently, at the age of 126 years.—Another prosecution for mal-practice has been commenced in New England.—A man wrote to his physician that having taken cold, he “got a little horse,” and asked what he should do. The doctor recommended a saddle and bridle.—On sawing open a locust log, at Poughkeepsie, N. Y., thought to be one hundred years old, a live toad was found in the centre that weighed seven pounds and a half.

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TO CORRESPONDENTS.—An Address by Dr. Alden, of Randolph, before the Norfolk District Medical Society; and Remarks on Croup, by Dr. Coxe, of New Orleans, have been received.

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DIED.—In New London, Conn. Dr. F. D. Brandegee, aged 27.—At Indianapolis, Dr. Richard Soule.—Dr. Robert Marshall McClure, of Columbus, Indiana.—At Mount Carmel, Indiana, Dr. B. Braman, 30. He committed suicide by taking strychnine, soon after being married.

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*Deaths in Boston* for the week ending Saturday noon, Sept. 10th, 90. Males, 48—females, 42. Accidents, 1—inflammation of the bowels, 2—disease of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 2—consumption, 9—convulsions, 2—cholera infantum, 18—dysentery, 6—diarrhoea, 1—dropsy, 1—dropsy in the head, 3—debility, 1—infantile diseases, 10—typhus fever, 1—typhoid fever, 2—hooping cough, 1—homicide, 1—inflammation of the lungs, 3—congestion of the lungs, 1—marasmus, 4—measles, 2—old age, 2—palsy, 1—pleurisy, 1—disease of the spine, 1—teething, 10—unknown, 1.

Under 5 years, 57—between 5 and 20 years, 5—between 20 and 40 years, 17—between 40 and 60 years, 8—above 60 years, 5. Born in the United States, 70—Ireland, 13—England, 2—British Provinces, 3—Germany, 2. The above includes 9 deaths at the City Institutions.

**JEFFERSON MEDICAL COLLEGE.** Session of 1853-54.—The regular Course of Lectures will commence on Monday, the 10th of October, and continue until the first day of March. The Annual Commencement for conferring degrees will be held *early in March*, instead of at the end of the month, as formerly.

ROBLEY DUNGLISON, M.D., Prof. of Institutes of Medicine, &c.

ROBERT M. HUSTON, M.D., Prof. of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Prof. of General, Descriptive and Surgical Anatomy.

JOHN K. MITCHELL, M.D., Prof. of Practice of Medicine.

THOMAS D. MUTTER, M.D., Prof. of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Prof. of Obstetrics, and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Prof. of Chemistry.

ELLERSLIE WALLACE, M.D., Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year, *two thousand one hundred and eighty-eight cases* were treated, and *three hundred and eighteen operations* performed. Among these were many major operations—as amputation of the leg, foot, and mamma; lithotomy, lithotrity, ligation of the carotid, plastic operations of the face, neck, arm, &c., removal of superior and inferior maxillary bones, reduction of luxations of hip, shoulder, &c., treatment of fractures.

The lectures are so arranged as to permit the student to attend the Lectures and Clinical demonstrations at the Pennsylvania Hospital.

On and after the 1st of October, the dissecting-rooms will be open, under the direction of the Professor of Anatomy and the Demonstrator.

*Fees.*—Matriculation, which is paid once only, \$5. Each Professor *fifteen dollars*, \$150. Graduation, \$30.

The number of Students during the last session was 535; and of Graduates, 233.

R. M. HUSTON, M.D.,

Dean of the Faculty, No. 355 Arch st.

Philadelphia, July, 1853

July 21—t OI

**UNIVERSITY OF NEW YORK.** MEDICAL DEPARTMENT.—The lectures in this department will commence on Monday, the 15th of October, and terminate on the last day of February.

VALENTINE MOTT, M.D., LL.D., Emeritus Prof. of Surgery and Surgical Anatomy, and Ex-President of the Faculty.

MARTYN PAINE, M.D., Prof. of Materia Medica and Therapeutics.

GUNNING S. BEDFORD, M.D., Prof. of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.

JOHN W. DRAPER, M.D., Prof. of Chemistry and Physiology.

ALFRED C. POST, M.D., Prof. of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

WILLIAM H. VAN BUREN, M.D., Prof. of General and Descriptive Anatomy.

JOHN A. SWETT, M.D., Prof. of the Institutes and Practice of Medicine.

WILLIAM DARLING, M.D., Demonstrator of Anatomy.

GEORGE A. PETERS, M.D., Prosector to the Prof. of Surgery.

ALEX. B. MOTT, M.D., Prosector to the Emeritus Prof. of Surgery.

JOHN W. DRAPER, M.D., President of the Faculty.

The fee for the Lectures is \$105. Matriculation, \$5. Graduation, \$30. The dissecting room will be open from Oct. 1st, fee \$5. There will be five Cliniques every week. Board from \$250 to \$3 per week.

Letters may be addressed to Professor DRAPER, President of the Medical Faculty, University, New York.

Aug. 10—tO2I

**NOTICE.**—The subscriber having removed to his new building, on the corner of Washington and Bedford sts., begs leave to inform his friends and the public that he intends to continue the legitimate Apothecary business in all its various branches. The store having been built for this purpose, affords unusual facilities for compounding and dispensing Family Medicines.

JOSEPH T. BROWN, Apothecary,

Aug. 31—4t

292 Washington cor. Bedford st.

**COLLEGE OF PHYSICIANS AND SURGEONS, CITY OF NEW YORK.**—The regular Course of Lectures for the session of 1853-54, commences on Monday, 14th October, 1853, and will be continued until Thursday, 12th March, 1854 (Commencement day).

In addition to the regular course, and not interfering with it, a Course of Lectures commences on Monday, 30th September, and will be continued until 14th October. This course will be free.

#### FACULTY OF THE COLLEGE.

ALEXANDER H. STEVENS, M.D., LL.D., President of the Col. and Emeritus Prof. of Clin. Surg.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Medicine and Clin. Medicine.

JOHN TORREY, M.D., LL.D., Prof. of Chemistry and Botany.

ROBERT WATTS, M.D., Prof. of Anatomy.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery, and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

ALONZO CLARK, M.D., Prof. of Physiology and Pathology.

ELISHA BARTLETT, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN A. LIDDELL, M.D., Demonstrator of Anatomy, and Curator of the College Museum.

LEWIS A. SAYRE, M.D., Prosector of Surgery.

*Fees.*—Matriculation fee, \$5. Fees for the full course of lectures, by all the Professors, \$105; but students are not required to take out all the tickets during one session. Graduation fee, \$25.

Board, average \$3 per week.

Students who have attended two full courses of lectures in this College, or one full course in some other regularly established Medical School, and one full course in this College, are admitted to subsequent courses free of expense, except the matriculation fee.

Students are requested, on their arrival in the city, to call upon the Janitor, Mr. James Knox, who resides in the College Buildings, 67 Crosby Street, who will direct them to the residences of the Faculty, and will aid them in obtaining boarding places.

The Faculty deem it highly desirable that students should arrive in the city early in October, so as to attend the Preliminary Course, and to establish themselves for the winter, before the regular courses are commenced.

For further information, apply to

R. WATTS, M.D., Sec. of the Fac.  
Aug. 10—tO14 67 Crosby St. New York.

**UNIVERSITY OF NASHVILLE, MEDICAL DEPARTMENT.**—The third Annual Course of Lectures in this Department will commence on Tuesday, the first of November next, and continue till the first of the ensuing March.

PAUL F. EVE, M.D., Principles and Practice of Surgery.

JOHN M. WATSON, M.D., Obstetrics and the Diseases of Women and Children.

A. H. BUCHANAN, M.D., Surgical and Pathological Anatomy and Physiology.

W. K. BOWLING, M.D., Institutes and Practice of Medicine.

C. K. WINSTON, M.D., Materia Medica and Medical Jurisprudence.

ROBERT M. PORTER, M.D., General and Special Anatomy.

J. BERRIEN LINDSLEY, M.D., Chemistry and Pharmacy.

WILLIAM T. BRIGGS, M.D., Demonstrator of Anatomy.

The Anatomical rooms will be opened for students, on the first Monday of October.

A full Preliminary course of Lectures will be given by the Professors, commencing also on the first Monday of October.

The Students will have free access to the State Hospital.

Fee of each Professor, \$15. Matriculation ticket, \$5. Dissecting ticket, \$10. Graduation fee, \$25.

Good board can be obtained in the city at from \$250 to \$3 per week. Further information may be obtained by addressing

J. B. LINDSLEY, M.D., Dean.

Nashville, Tenn., June, 1853. je 22—tnov.

**SPERMATORRHEA RINGS.**—This is a new mechanical invention for arresting that most difficult and often fatal derangement of the procreative organs, nocturnal pollutions. The principle is physiological and satisfactory.

Physicians may procure them at No. 1 Tremont Temple, Tremont st.

July 20

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## EARLY HISTORY OF THE MEDICAL PROFESSION IN NORFOLK CO.

An Address delivered before the Norfolk (Mass.) District Medical Society, at its Annual Meeting, May 18, 1853, by EBENEZER ALDEN, M.D., President of the Society.

FELLOWS OF THE NORFOLK DISTRICT MEDICAL SOCIETY, AND GENTLEMEN,—In accordance with your appointment, I have collected and propose now to present some historical notices of the medical profession in the County of Norfolk, particularly in relation to its early history. The recorded materials for such a purpose, especially during the first century after its settlement, are indeed scanty; and information obtainable from tradition is becoming every day more vague with the lapse of time. I can only say, that I have consulted original documents whenever they were accessible, and have stated nothing as fact which did not appear to be well authenticated.

I am aware that it may be said that a physician's time may be more profitably employed, than in searching musty records with the view of exhuming the names and reputation of men, who, however useful in their day, have been too long buried out of sight of the present generation to have any interest awakened either in their characters or success in life.

To such a cavil I reply, that every physician is bound to sustain the reputation of his profession by all honorable means; and perhaps in no way, aside from his own virtuous example, can he do this more successfully than by recording the good deeds and perpetuating the memory of the virtues of those who have preceded him in the same line of pursuit.

The life of a physician is at best a monotonous one. His opportunities for social and professional intercourse are infrequent. It is a life of toil, of self-denial—and, with rare exceptions, of inadequate pecuniary compensation. The physician has no time he can properly call his own. Other men engaged in laborious pursuits are permitted to partake of their food without interruption, and to sleep quietly at night. Not so with the physician. For him no season is sacred. He is liable to be called at any hour. The Sabbath, a day of rest to others, is to him but too often a day of incessant toil. In seasons of severe sickness, when *the pestilence walketh in darkness and destruction wasteth at noon-day*, he is especially exposed to danger. If others flee, he is expected to remain at his post; and it often happens, that after having been honored as the successful instrument of rescuing multitudes from an untimely

grave, he himself falls a victim to the destroyer. So fell Samuel Fuller, the earliest physician in New England; and so, quite recently in this county, died of ship fever good Dr. Thaxter of Dorchester, and the amiable Wyman of Stoughton.

Brethren, let us cherish the memory of such men. As we drop the tear of sympathy over their graves, we can scarcely fail to grow wiser and better. A thought of their sufferings will lighten our own; and should any of us perish, as they did, in the conscientious discharge of duty, it may console us in the hour of our departure to reflect that after our decease we shall "*still live*," not only in the grateful recollections, but also in the worthy deeds of some, who, emulating our example, may be led by it to practise the virtues they admire.

The County of Norfolk embraces, within an area of about four hundred miles, one city and twenty-two towns. The number of inhabitants in 1850 was about 79,000, and the density of the population not far from two hundred persons to a square mile. The number of physicians at the same period was about eighty-eight, and of clergymen eight-nine; so that it may be said, without great inaccuracy, that each religious society or parish has its own physician and minister. It must be confessed that in almost every community a few individuals may be found who seem indisposed to regard the pious instructions of the one, and quite incapable of estimating the value of the services of the other. One would think that these modern pseudo-reformers imagine themselves to have received a commission to upturn the foundations of society. With such, change in whatever direction is progress. They have more faith in fiction than in fact. Old doctrines they discard because they are old, and new dogmas they receive because they are new; the greater the apparent absurdity of these dogmas, in their view, the more profound their real truth. Nevertheless, as these persons have "method in their madness," they should be allowed the largest liberty consistent with public safety, and are rather to be won than driven to the adoption of wiser and more consistent opinions.

In the early history of the country, the professions of divinity and medicine were frequently found in the hands of the same incumbent. The ministers of that period "practised" as well as preached. Indeed, in all nations in their forming state the two professions have been identical, until, in consequence of the increase of duties demanded, and the necessity of more time and a more careful training required for their successful performance, they are disjoined. The union of the medical and priestly offices was established among the ancient Israelites as early as the time of Moses. Perhaps the origin of this union may be thus explained. Disease is an abnormal condition, and in early times was deemed a supernatural infliction on account of moral delinquency on the part of the suffering individual or others. Hence the question of the disciples to the Saviour—"Master, who did sin, this man or his parents, that he was born blind?" Sometimes, indeed, disease was a punishment; as in the case of Miriam, who for her rebellion against Moses was smitten with leprosy; and of Gehazi, who for his covetousness and falsehood went out from the presence of Elisha "a

leper as white as snow." It is not surprising that in a rude age a general principle should have been assumed from a few isolated facts, and so the opinion become common that all diseases are to be considered in the light of a penal infliction. Under such an impression, it was natural that the sick man should apply for relief to his religious teacher; his first step being to propitiate the Deity. In the case of leprosy, Moses directed the subject to apply to the priest for the examination and cure of his disease; and on his recovery to make a votive offering at the Temple. Isaiah officiated for Hezekiah both as prophet and physician; not only predicting his recovery, but prescribing the remedies in the use of which it was to be effected. The Jewish Temple became at length the great hospital of the nation, as well as the central point of its religious rites and worship.

In Egypt, also, and in Greece, the custom seems to have been early established of collecting and posting up in temples and other public places an account of medicines used and other appliances made, by which marvellous cures had been effected. In the progress of civilization and with an increase of light, this chaotic mass of materials began to assume form and shape. Medical science was the result. The works of Hippocrates embody not only his individual experience, but also the wisdom of preceding ages; and the famous oath which he was accustomed to administer to all his pupils before they were permitted to assume the responsible duties of their calling, contains a code of medical ethics unsurpassed even in modern times, as a guide to the profession in their intercourse with each other and the community.—[See Note A.]

Some of the popular medical theories and remedies of ancient times were no doubt sufficiently ludicrous; but it admits of a question whether the most visionary of them may not find a parallel even in our own boasted age of scientific progress.

One of the remarkable remedies of ancient times, the virtues of which seem to have been overlooked by the moderns, was the amethyst worn as a charm. With respect to this precious stone (and precious remedy, too, if it really possessed half the virtues ascribed to it), it takes its name\* from the virtue thereof. For "being laid to the umbilicus, it first draws the vapor of the wine to itself, then dispelling the same, and so preserving him that weareth it from drunkenness. Wherefore, this pearl is a great conservative of temperance."†

The nearest approach in modern times to the discovery of a real "amethyst," or cure for drunkenness, which has come to my knowledge, was announced in a recent communication to the Boston Natural History Society, as reported in the "Evening Traveller." It appears that a certain physician, resident in Florida, has ascertained by personal experiment, that after having "intoxicated himself considerably with brandy," he can by swallowing a pill containing a small quantity of the poison of the rattlesnake, completely neutralize the intoxication; that on increasing the quantity of brandy until the intoxication becomes "pretty

\* *Alpha* privative, and *methuo* to be drunken.

† *Ancient Commentary on the Revelation*, printed in 1642.

deep," he can, by taking three of the poison pills, not only remove the intoxication, but so reduce the pulse and depress the system that it becomes necessary, from danger of collapse, to resort quickly to powerful stimulants. In other words, three of the pills produce in this doctor's case a state of sobriety actually alarming. In confirmation of this statement, a case was related at the same scientific meeting, of a man in Athens, Ga., who, while lying under a fence in a very intoxicated state, was bitten by a very large and active snake, yet no harm followed to the man, whatever may have happened to the serpent.

We have all heard of the notice in former days, "drunk for a penny, dead drunk for two pence, and clean straw for nothing." Who knows that in the march of modern improvement we may not live to see appended to the bills of fare in some of our fashionable saloons and hotels, in addition to the variety of liquors recommended—"Amethyst pills, a sure preventive of intoxication, will be furnished gratis at the close of the entertainment, to any gentleman who may unfortunately have occasion to use them."—[See Note B.]

The early history of medicine in Massachusetts is involved in great obscurity. The names of but few practitioners, during the first century after its settlement, have come down to us, and of these few we know but little. The title of "doctor" was not often applied in the most ancient records; and indeed at that early period but few well-educated men devoted themselves exclusively to the cure of the sick.

In presenting such facts as I have been able to collect, it will be convenient to adopt a geographical arrangement of towns, which nearly coincides with the order of their settlement, rather than an alphabetical one. Omitting, for the present, Cohasset, which is more naturally associated with Plymouth County than with Norfolk, Weymouth on the eastern border of the County first claims our attention.

#### WEYMOUTH.

*Weymouth* was the second settlement of white men in New England. Weston's colony, which commenced operations there in 1622, was broken up the following year. The people, in consequence of their excessive improvidence, "fell into great extremity," and before their dispersion were dependent on Plymouth, not only for medical advice, but for sustenance also. During the next twenty years, up to the close of the ministry of the Rev. Mr. Newman, who in 1644, with many of his people, removed to Rehoboth, I have been unable to find the name of any resident physician in the settlement. In that year Rev. Thomas Thacher was inducted into the ministry at Weymouth, where for twenty years he continued, executing the double office of physician and pastor. He previously resided several years in the family and under the tuition of Rev. Charles Chauncey, at Scituate, where he acquired a high reputation as a classical scholar, and also as a proficient in theology and medicine: unlike certain medico-theologians of the present day, who certainly have not succeeded in obtaining the reputation of *very* profound attainments either in theology or medicine. After the death of his wife, he resigned his pastorate and removed to Boston, where for several years he preached

occasionally, but was chiefly occupied in the discharge of his medical duties. To him, it has been said, belongs the honor of having been the author of the first medical tract ever published in Massachusetts, entitled—"A Brief Guide to the Common People in the Smallpox and Measles"; first published in Boston in 1677, and a second edition in 1702. In 1669 he was installed as the first pastor of the Old South Church in Boston. He did not wholly relinquish his medical pursuits, however; for Cotton Mather informs us, that having preached for his father, he visited a sick person after going out of the assembly, whereby he got some harm, which turned into a fever, of which he died October 15, 1678, aged 58.

The next physician in Weymouth, of whom any tradition remains, was Dr. Beal. He is said to have resided in the North Parish, near to Hingham line. Dr. Richards informs me that he sustained a good reputation as a citizen and physician.

Dr. Nathaniel White, a native of Weymouth, was born in 1690, and died in 1758. He first settled in the North Parish, but afterwards removed to the south part of the town. He was much employed in public business, and his name often appears on the town records. He acquired and sustained a great reputation for skill, and for many years enjoyed a widely-extended practice in Weymouth and the vicinity.

Dr. Benjamin Richards, born in 1714, settled in North Weymouth, and had a good reputation and business until his death, which occurred in 1755, at the age of 41.

Hon. Cotton Tufts, the immediate successor of the last two named physicians, was born at Medford in 1731; graduated at Harvard College in 1749; studied medicine with his brother, Dr. Simon Tufts, who in Medford succeeded to his father's name, reputation and business. Dr. Tufts was esteemed as a well-educated and judicious physician. In early and middle life, he had an extended medical practice. He was one of the original members of the Massachusetts Medical Society, and from 1787 to 1793 its President. He was much in public life; a finished and well-bred gentleman of the old school, courteous, dignified, never assuming to himself titles or place which did not belong to him, nor shrinking from the performance of any duty to which he was properly called. He possessed a remarkable symmetry of character, which commanded universal respect. Towards the close of life his time was so much engrossed with public trusts, that he was not much occupied in general practice. As long as he was able to go out, however, his counsel was much sought in difficult cases. He was very kind to young men just commencing professional life, as I can testify from personal knowledge, and ever ready, when requested, to open to them the stores of his ample experience.

Dr. James Torrey settled in South Weymouth in 1783, and was the only physician there for more than thirty years. He was a native of Connecticut, and practised medicine there and in Nantucket a few years before his residence in Weymouth. He had a fair reputation and business for that day. Having been a seventh son, it is said that in early life he sometimes so far yielded to the whim of the times as to apply his gift in the cure of scrofula; and when accompanied with the use of the

famous Harlaem oil, or "*Medicamentum gratia probatum*," it was probably not less successful than the "touch" of his royal competitors. However that may have been, in subsequent years he wholly discontinued the practice, and left behind him that good name which is "better than precious ointment." He died December 16, 1817, aged 64.

Dr. James Lovell, who died in 1820 at the age of 52, was in early life engaged in medical practice in North Weymouth, where he was much esteemed. Soon after 1800 he entirely relinquished medical pursuits.

Dr. Noah Fifeild was born at East Kingston, N. H., July 22, 1783. He studied medicine under the direction of Dr. William Sanborn, of Falmouth, Me., and Dr. Nathan McKinstry, of Newbury, Vt.; attended medical lectures at Cambridge in 1804, and settled as a physician in Weymouth in January, 1806, where he still resides, at the age of 70, in the enjoyment of a competence acquired by unremitting industry and devotion to the interests of his employers.

Dr. George Fordyce Fifeild, a promising young physician, son of the preceding, a graduate of Harvard College in 1841, after having studied his profession commenced business with his father, but died in 1846, of lumbar abscess, having lived long enough to give promise of extensive usefulness had his life been continued.

In South Weymouth, Dr. Appleton Howe, the respected Vice President of this Society, established himself soon after the death of Dr. Torrey, in 1817, where he continues to reside, with a widely-extended and increasing reputation. Whatever, therefore, may have been the character of the medical faculty in Weymouth in ancient times, the present generation has been well served. Other physicians, besides those mentioned, have been residents there, but so recently or for so limited a period that it does not seem necessary to allude to them by name in this sketch.

BRAINTREE originally included within its limits the present towns of Quincy, Braintree and Randolph. It was settled as early as 1624 or 1625, but not incorporated until 1640. Before that period it had been an appendage of Boston; and for many years afterwards the inhabitants, having been too few to sustain a physician of their own, appear to have been dependent on Boston and the neighboring towns of Roxbury and Dorchester for medical advice in important cases.

#### QUINCY.

Dr. John Wilson, son of Dr. Edmund Wilson of London, and grandson of Rev. John Wilson, first pastor of the First Church in Boston, appears to have been the earliest resident physician in old "Brantry," now Quincy. His domicile was on lands granted by the Town of Boston to their first minister. He was well educated, but not, as some suppose, the graduate at Harvard in 1705. He probably received his medical education in London. He seems to have sustained an excellent reputation, both as a citizen and a physician. In his time "fever and ague" was a very prevalent disease in his vicinity; and there is a tradition that he was accustomed to remark, that the period would arrive when that disease would disap-

pear from this section of the country, and other diseases take its place. Although the precise date of his death has not been ascertained, it probably occurred early in the autumn of 1727, as administration was granted on his estate on the 16th of October of that year.

Dr. Edward Stedman succeeded Dr. Wilson. He married a daughter of Major Lemuel Vassal.

Leonard Hoar, M.D., who graduated at Harvard College in 1650, it is said, practised medicine here until his accession to the presidency of the College in 1672. He died at Quincy, Nov. 28, 1675, aged 48.

Dr. Henry Turner, who was educated as an apothecary in London, settled in Quincy as early as 1775. He was never extensively engaged in medical practice. He died January 21, 1773, at the age of 84.

Dr. Henry Turner, Jun., son of the preceding, was a regularly-educated physician, but died before his father. His widow Abigail, after his decease, married Samuel Bass, in 1757, and they were the parents of the late Capt. Josiah Bass.

Dr. Elisha Savil (Harvard College, 1743) was a reputable physician, and from an examination of his ledger, loaned to me by one of his descendants, I find that he had an extended business from 1750 to 1768, not only in Quincy, but also in Milton and in the middle and south precincts of old Braintree. He died at the early age of 44, April 30, 1768, of lung fever, made fatal by exposure in visiting a patient after the accession of the disease.

Dr. Ebenezer Crosby, a native of Quincy, who graduated at Harvard College in 1777, it is said, practised medicine for a short period in the place of his nativity. Of this there may be some doubt. Dr. Thacher (*Medical Biography*, i., 57), says that he completed his medical education at the University of Pennsylvania; that he was at an early period of the Revolutionary war appointed surgeon to General Washington's guard, and was received into his military family, in which he continued until near the close of the war. He afterwards settled in New York, where he acquired a reputable practice and was much esteemed. In 1785, he was elected a Professor in Columbia College, which appointment he retained until his death, July 16, 1788.

Dr. Thomas Phipps was a native of Brighton. He graduated at Harvard College in 1757; went to Quincy in 1768, immediately after the death of Dr. Savil, and for many years enjoyed a lucrative and extended business. He was esteemed as a worthy man and good physician. Towards the close of his life, which terminated November, 4, 1817, at the age of 80, he became entirely deaf, which materially impaired his usefulness.

Dr. Ebenezer Brackett, son of Mr. James Brackett, was born at Quincy, in 1773. He graduated at Dartmouth College in 1791; studied medicine, and commenced business with fair prospects of success, but fell a victim to pulmonary disease in 1794.

Dr. Thomas Phipps, Jun., studied medicine with his father, and was for a time associated with him in business. He was held in high repute by his patients. His death occurred August 30, 1832. On that day he left his house apparently in his usual, although not confirmed, health.

He had proceeded but a few rods, when he fell and instantly expired, at the age of 46.

Dr. Benjamin Vinton, born October 14, 1774 ; graduated at Harvard College in 1796, and settled in Quincy in 1801, having previously officiated for a time as surgeon's mate in a vessel of war. He had a good reputation as a physician, and as such acquired a fair share of business. In 1813 he fell a victim to a disease of the urinary organs, probably Bright's disease, leaving a widow, who still survives, and three daughters, all of whom have since died of consumption.

Dr. Ebenezer Woodward (Dartmouth, 1817 ; M.D. Harvard 1823) settled in Quincy immediately after receiving his medical degree, and from that period to the present has rarely been absent from his circle of business.

[To be continued.]

## REMARKS ON CROUP, OR HIVES. WITH CASES.

BY EDWARD JENNER COXE, M.D., NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

CROUP, popularly called hives, is a disease of frequent occurrence and fatal tendency, consisting in an inflammation of the mucous membrane of the trachea, or windpipe, and adjoining parts, and extending upward to the larynx, or downward to the bronchi, or both.

Croup is always to be regarded as a dangerous disease, even when the symptoms may appear so slight as to induce the belief, or rather the fallacious hope, that, as an ordinary cold or cough, it will pass by and leave no unpleasant consequences to mark its advent or progress. It is of more frequent occurrence in some situations than in others, and some children are more subject to an attack than others—a fact not easily explained. It is most apt to occur in the spring and fall, during sudden transitions of temperature. Any sudden change in the weather, which shall arrest perspiration, is followed by cases of croup, especially with those predisposed thereto by habit or idiosyncrasy.

Croup is emphatically a disease of infancy and childhood, being of rare occurrence after the age of puberty, although occasional instances are recorded of its attacking adults. The following severe cases which I attended, occurred in elderly ladies. One was the wife of Mr. Robertson, long the British Consul of Philadelphia ; the other, a lady equally well known, Mrs. I. Wharton. This last, for many years, never passed a winter without having one, and generally several attacks of a most severe character. In many of these attacks her life was despaired of, by myself as well as by Drs. Physick and Dewees, who were frequently called in consultation. In this case copious bloodletting from the arm, which could not be dispensed with ; large and frequently-repeated doses of hive syrup, with, at times, one or more doses of calomel and ipecac. conjoined, and powerfully stimulating applications to the throat, always proved successful in effecting a cure, enabling the system to recover its accustomed health for months, or until a renewed attack the ensuing

winter. In the other, Mrs. R., who was not predisposed to the disease, and had not had an attack for many years, there was observed one peculiarity during the progress of the treatment, which having never before or since met with, in the young or old, merits a passing notice. The attack was the sequence of an ordinary cold, which had caused no uneasiness, or any of the peculiar sounds, known to exist simultaneously with the other symptoms in all cases of croup. It commenced about 10 o'clock at night, in the spring of 1832, and required the most decided treatment, which consisted of the application of a large number of leeches, about fifty, to the throat, and upper part of the breast; frequently repeated large doses of hive syrup, and, after the leeches had fallen off, flannel wrung out of hot water, as well to encourage the bleeding as to impart benefit from the heat, as no other excitant could be borne. Although no great believer or admirer of the use of leeches to the throat for croup, I was compelled to resort to them in this case, as the pulse and general condition of the system precluded the employment of venesection.

There are many reasons for objecting to leeches in this disease; and fully agreeing with the opinion of Dr. Dewees, I cannot more forcibly express them than by using his own words upon that point. Admitting to its fullest extent the apparent plausibility of the superior advantages resulting from local abstraction of blood in many diseases, and though not impairing the truth of the general position, Dr. Dewees continues—"But this failure of benefit from local bleeding, in the case under consideration, must not be considered, however, even as an exception to the general rule just mentioned, but as depending in a great measure, or perhaps altogether, on circumstances inseparable from the operation of leeching itself. This operation is attended with several circumstances decidedly adverse to this disease; for, 1st. It employs considerable time, during which the patient is obliged to maintain an irksome position, and this may be extremely unfavorable to his breathing. 2d. It often becomes important that the quantity of blood to be drawn should be very exactly determined; this cannot be done in leeching, especially as the after bleeding is sometimes very considerable, in spite of every attempt to arrest it, to the manifest injury of the patient. 3d. Their coldness, and the sudden exposure of the throat after having been warmly covered, is often times so mischievous, that the bad symptoms can be seen to increase during the operation, and are almost sure to follow immediately after." Dr. Dewees concludes by saying that he never in a single instance saw it do good, but in a number of cases has seen it do harm. Cups to the back of the neck may be used in place of leeches to the throat, with decided advantage, when general bleeding is not allowable from the age or debility of the patient.

The effect produced by this local loss of blood, and frequently-repeated large doses of hive syrup, succeeded finally in completely overcoming all unpleasant symptoms, as far as croup was concerned. There now appeared, what was not and could not have been anticipated—evidently the result of the depressing or poisonous influence of the tartar emetic contained in the syrup, a large addition of which had been made extempo-

ranefully to meet the exigency of the case—a most unusual and powerful sweating from the whole body, accompanied by an alarming depression of the pulse, an exhaustion of the whole bodily strength, with an almost entire extinction of voice, and the feeling of approaching death. To the family no less than to myself, in the dead of the night, all was a source of anxiety and great alarm ; but it was met by an immediate resort to powerful external irritants, and the free internal use of the best old brandy, with Jamaica ginger, allspice and cloves infused in it, kept on the fire, and administered as hot and in as large quantities as could conveniently be swallowed. For three hours were we kept in this state of suspense ; but little if any progress or improvement being perceived. I requested that Dr. Chapman, the family physician, should be called in consultation. From some cause, though sent for several times, the doctor did not come as quickly as was desired. The proper means and efforts were not relaxed, and when, about 5, A.M., he did arrive, I had most happily succeeded, by the above means in restoring my patient to a more natural condition of pulse, skin and voice, and justly considered all danger passed. Debility naturally resulted, but proper nourishment and care restored her in a few days to her ordinary health.

Croup is, often, both sudden in its approach, and rapid in its progress, although in the majority of instances it commences with the usual symptoms of an ordinary cold, as, sneezing, fretfulness, and, at times quite early, that peculiar hoarseness of cough, and voice so peculiarly characteristic of the disease, sounds once heard, never to be forgotten, and with too many, alas, a mournful memento of the painful past.

This disease may occupy several days in running its course to recovery or death, or it may commence and end fatally in a few hours. Many varieties of it have been described, and a modified or peculiar plan of treatment advised and adopted ; but it may fairly be questioned, whether, in a curative point of view, any advantage has resulted from such a diversity of pathological views, and the necessary discrepancy as to the most proper plan of treatment to effect the greatest number of cures, the end and aim of the medical art.

The only varieties, if so they may be called, I have ever thought worthy of notice, have been those caused by the mode of attack ; either, first, a hoarseness perceived upon coughing, which may continue several days, or, until some change in the air, or other cause, may suddenly cause an increase of all the symptoms ; or, second, when an attack may commence suddenly, without the least premonition, and these generally occur in the middle of the night, or towards morning. The first give more time, and are more manageable, with milder treatment and watchfulness, while the last admit of no delay, and require the remedial measures to be immediately and simultaneously put in practice.

We may regard this disease as one of a highly inflammatory and dangerous character, involving parts essential to the continuance of life, and disposed to run its course with fearful rapidity, a fact not easily disputed. There are slight modifications of the peculiar symptoms, depending upon a slight difference of locality of the inflammation, but we should proceed with a certain conviction that in eight cases out of ten, the disease will advance with rapidity, and increased severity, most probably de-

stroying life, unless the most vigorous plan of proceeding be at once commenced, and continued until health be restored, or at least the more prominent and dangerous symptoms be subdued.

Such a conclusion does not necessarily involve the absolute necessity of employing all of the remedies in the most heroic manner; for, here, as in all other diseases, judgment is most imperiously demanded, and a timely use of an efficient remedy may arrest a further progress, and prevent the necessity of extreme measures. My maxim has ever been, not to wait for alarming symptoms before setting to work, but rather to vigorously ply a well-known remedy, hive syrup, until vomiting shall have been produced, and then waiting to see what time, with nausea by the same remedy, would effect. But wait not until death is staring you in the face, and then resort to the cruel and useless operation of tracheotomy; although I know there have been cases reported, where it has been said to have proved successful. There may be some diseases or accidents, where such an operation is justifiable and proper; but never in croup, if a proper treatment has been timely instituted and vigorously pursued. If such has not been the case, it is too late, the time has passed, and death, as far as human means can go, will necessarily result.

Let us hear what Professor Dewees said in reference to this dernier and hopeless resort in croup—"As a last resource, tracheotomy has been proposed with confidence, but it has been but too often performed without success. Nor is this to surprise us, since by the operation *nothing more* can be expected, than has resulted from the spontaneous discharge of the membrane, and we have already said that this is but rarely followed by permanent relief. In our opinion, the operation has been performed with more intrepidity than discretion; for, until we can prevent new accumulations after the removal of the previous ones, we need promise ourselves but little success from this scheme. It has been said, that the failure from this operation has been principally owing to its being performed too late; and hence it has been advised early in the disease. But who would promise himself, that he had saved life by this operation, since, if it be performed early, other remedies might have succeeded as well. And when performed late, who has witnessed its success? Therefore, in the early stage of the disease, the operation is certainly not called for, nor would it be proper to have recourse to it, since the disease is very often relieved without it; and in the latter, we believe it has ever been unavailing. We have seen it performed twice without success, where the operation, simply considered, had every advantage which sound judgment and consummate skill could give it, for Dr. Physick was the operator. He had no confidence in it." How could he?

In reference to the violence of this disease, and the necessity of abstracting what may appear a large quantity of blood, from those of tender years, I may remark, that in one of my own children, as well as in those of other families, I have been forced to continue the flow of blood, the sheet anchor of hope in some cases of croup, in conjunction with other remedies, until convulsions caused by the remedy, had manifested themselves, before the choking and death-approaching symptoms would

yield; and yet, in all of these cases, unpleasant as then were my feelings, and no one to share the responsibility, I was satisfied of the correctness of the course, and that, as far as human means could avail, no milder plan would have succeeded. Those alluded to, are now advanced in years, enjoying the most perfect and robust health.

As bearing upon this point, I may most properly and appropriately quote from Dr. Wood's Practice. Dr. W. remarks, "Indeed, in the earliest stage, before secretion has commenced, it would be impossible to determine, with certainty, which form the disease was about to assume; also, that there may be cases in which the two forms may be combined, and that, from these facts, the highly important practical inference is deducible, that in every case, in which the symptoms of croup appear, efficient remedies should be promptly applied, for, if carefully employed, they can do little serious or lasting injury, while the neglect of them may possibly lead to the most deplorable consequences."

The following remarks are from the late eminent Professor Dewees. "How many parents have had reason to repent of the neglect of a slight hoarseness, of perhaps several days continuance, which terminated in death in a few hours, after it had fully developed its character; and how many, who, perhaps in some measure aware of its tendency, had relied upon a feeble administration of antimonial wine, or a little of the expressed juice of the onion, when nothing but the prompt application of active remedies, could, even in its commencement, have subdued the disease."

Long before the appearance of Dr. Wood's Practice, I had formed the above opinions, and adopted the course of practice necessarily resulting therefrom. The success has been most complete, and satisfactory to all parties; and, at the risk of incurring the imputation of self-laudation, which certainly is not my object, for truth and human life are the results, and with the hope of doing good, and indirectly of being the means of saving life, I must be excused when I say that out of more than one hundred and fifty cases of croup, of all degrees of violence, between 1823 and the present 1853, I have lost but one patient, and that attended by peculiar circumstances not necessary to state here.

In undertaking the treatment of croup, let the principles laid down for our guidance be carried out at the bedside, and cures will follow more generally, while theorists may employ their minds in discussing the pathological shades of difference in that, which, for all practical and curative purposes, should be considered as one disease.

After these general observations upon points certainly of great value, let us continue the main objects, the general course of the disease, and the proper mode of proceeding in all cases.

Let it be remembered, that hoarseness is the only premonitory symptom of croup, though it may in some instances be accompanied or preceded by catarrhal symptoms, but not necessarily. Whenever such is observed, although there may be some hoarseness in ordinary coughs, let the advice of Professor Dewees be remembered. "But it may be proper to advise, whenever hoarseness takes place, not to trust too much to the discriminating powers of the ear, for its nature, but instantly to pro-

ceed upon the supposition that it may be of a dangerous kind, especially as the remedies employed for the one, will most certainly relieve the other. It is therefore erring on the safe side, to treat it as if it might be of a mischievous character, though it might have passed away without such treatment."

Upon the first appearance of hoarseness in the cough, and the dry, harsh, metallic sound in the act of inspiration, no time should be lost, for the sooner the appropriate treatment is commenced, the greater will be the prospect of effecting a cure. As the disease advances, the symptoms become more serious, the face is generally flushed, or occasionally livid, the eyes swollen and red, the skin hot and dry, the pulse hard, full and frequent, though at times it will be found oppressed and small, with the respiration short and labored. One of the characteristics of croup, as alleged, and the source of the greatest danger, is the tendency of the inflammation to throw out a false membrane upon the inner surface of the trachea and adjoining parts; but this will not occur, where an appropriate and well-timed vigorous treatment has been adopted. Having never met with the slightest trace of this false membrane, to what causes must I attribute that fact, other than a very free use of properly prepared hive syrup, copious bleeding from the arm, and such other auxiliaries as the actual symptoms of each case might indicate.

In reference to this remedy, Coxe's hive syrup, upon whose efficacy so great stress has been laid, which Professor Dewees and all others who have used it when properly prepared, have praised in the highest terms, I may remark that it was prepared expressly for croup, and for my especial benefit in early infancy, my attacks of that disease having been very frequent, dangerous, and difficult of management. When rightly prepared, and freely administered, the hive syrup will rarely, if ever, disappoint our most sanguine expectations. Such I know was the opinion entertained, expressed, and published respecting it by Professor Dewees, and such I have always found to be the fact. It may truly be said, that no other remedy, or combination of remedies, can be compared to it, for the cure of croup. The experience, during more than half a century, of its uniform success, by Professor Coxe, with my own for thirty years; the testimony of the oldest and ablest physicians; its popularity as a household remedy, in consequence of its intrinsic merits and certain efficiency, are ample proofs that it is to be depended upon in cases of emergency, and that in mild cases, or, most generally, in the commencement of all attacks, it will suspend the further progress of the inflammation which constitutes the disease.

*Treatment.*—Much that relates to the successful treatment of croup has already been noticed, and it may be sufficient here to remark, that the free use of hive syrup, often by itself adequate to accomplish a cure, with bleeding from the arm to an extent only to be governed by each case, and repeated, if necessary, are the remedies upon which the utmost reliance may be placed. The only necessity for a repetition of the bleeding, will be a recurrence of the difficult respiration, violence and hoarseness of the cough, with the harsh dry inspiration. Let it be remembered, however, that one large bleeding, sufficient to produce the effect demand-

ed, will be safer, and debilitate the patient less, than several smaller ones, at distant intervals.

From the commencement of the disease, vomiting should be induced, and kept up, as long as may be necessary, by repeated doses of hive syrup, every few minutes, after which nausea must be maintained for one or more hours, by the occasional exhibition of smaller doses of the same, at intervals suited to each case, regardless of the vomiting which may occur from time to time. In case hive syrup of a proper quality cannot be procured, antimonial wine, ipecac, or its syrup, tartar emetic, dissolved in water, or any other prompt emetic, may be substituted. Teaspoonful doses of powdered alum in water or syrup have been strongly recommended, and may be used, if other more efficient remedies are not at hand. The addition of alum to the hive syrup is not inadmissible, and in some cases, where a great insusceptibility to the action of emetics exists, often singularly the case in croup, I have used it with apparent benefit.

While the above remedies are being used, the feet or the whole body should be placed in a hot or warm bath, the throat and upper part of the breast well rubbed with some strong liniment, as turpentine or ammonia, or covered with a mustard poultice, the child being covered with a blanket, to produce a perspiration at the same time.

Either during the attack, when severe, or subsequently in almost all cases, a dose of calomel, followed in a few hours by one or more doses of castor oil or senna tea, to act freely on the bowels, should be given.

In order to prevent the recurrence of an attack of croup, the following night, a fact of frequent occurrence, unless anticipated and prevented, it will always be prudent to give a moderate dose of calomel with a full dose of paregoric at bed-time, and the following morning a strong infusion of senna tea, or a dose of oil to act well on the bowels, with occasional small doses of hive syrup and paregoric.

In the commencement of croup, to arrest its progress, or in some cases when difficulty exists in producing vomiting, a plaster of Scotch snuff, first recommended by Dr. Godman, may be applied to the throat and breast with advantage. It produces full vomiting with much nausea, upon which its efficacy alone depends.

It frequently happens that more or less cough, with hoarseness, without the harsh inspiration, will continue several days after the disease may be said to be overcome; and for this a combination of hive syrup and paregoric will answer admirably—the dose of each being proportioned to the age of the child, and the violence and frequency of the cough. A good night's rest by means of a full dose of hive syrup and paregoric will often produce surprising effects, breaking up the apparent spasmodic and periodic cough, so frequently observed at the end of this disease. An occasional dose of oil, in the convalescence from croup, is often required, and will prove useful.

During the continuance of croup, and subsequently, for a few days, a free use of mucilaginous drinks, as gum water or flaxseed tea, with sugar and lemon juice, may be allowed, and, if desired, the drinks may be iced. The diet, during convalescence, should consist principally of farinaceous articles, as rice, mush and molasses, sago, arrowroot, tea and toast, or milk and water.

It may not be irrelevant to the subject of these remarks, to note the necessity of knowing that a remedy which has, for more than half a century, been found equal to the emergency of the case, should be well prepared. Upon the discovery of its real utility, the maker at once presented the recipe to his medical associates, not thinking it right to reserve for his own use, in any way, that which was calculated to effect so much good. From cupidity, ignorance, or other causes, it was found, and is so still, so miserably prepared, as not to keep, and to be in all respects unworthy of its name; and Mr. D. B. Smith, without consulting the original maker, thought fit to change the preparation, because, he said, it would not keep. Such was the fault of those preparing it, and not at all resulting from the formula, for I have some, made ten and fifteen years since, which is as good as ever, and in no way disposed to ferment or otherwise change, though made and kept in the city of New Orleans. Having, with the approbation of the originator and maker, added some articles to increase its power in croup, all who wish the hive syrup, as it should be, to keep in all climates and weather, can procure it when desired.

*New Orleans, Aug. 29, 1853.*

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#### CASE OF A FÆTUS WITHIN THE PLACENTA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The following case is entirely novel to me, and I have no recollection of ever seeing anything of the kind on record. If you think it will be of interest to the readers of your valuable Journal, please give it an insertion.

Mrs. M., of this city, became pregnant with her third child in February, 1853. After the second month she was attacked with frequent floodings, which would last for a day or two and then subside. During the last two months which she carried the child, the bleeding became more profuse, so as to waste her strength, and at times became alarming, so much so that I was called in several times to arrest the hemorrhage.

On the 20th of August I was called to see her. Found her with labor pains, and saying she was going to be confined—that she was about six months along. I made an examination per vaginam; found the os tincæ somewhat dilated, and, what I had before suspected, the placenta attached over the mouth of the womb, and presenting. As the dilatation was not great nor the flooding profuse, I left her to nature for three or four hours.

All this time I was expecting to be summoned in haste to arrest the hemorrhage which I supposed might ensue. But no very troublesome bleeding occurred. The labor slowly progressed, and upon making a second examination, four hours after the first, I found the same presentation, with the parts a little more dilated. I could feel no part of the child, but the placenta protruding through the os tincæ.

I now commenced manipulating, and attempted for some time to remove the placenta or some portion of it to one side, in order to give the

fœtus room to pass down. After nearly exhausting my patience without gaining ground, during a strong pain I made a thrust, and my finger went through the placenta. The liquid flowed out in large quantity. I was at first alarmed, thinking it might be blood, but soon found that it was mostly water. I could now feel the head of the fœtus. The pains continued strong, the parts were *well* dilated, yet the descent of the child was slow, and only with the placenta. At length this was expelled. I felt for the cord, but could find neither cord nor membranes. Upon opening the placenta, I found it to *contain the fœtus*, weighing two pounds or more; the cord, fourteen inches in length, of the medium size, and a portion of the liquor amnii which had not escaped through the opening I had previously made with my finger. The placenta was a complete sac, the cord starting off from its smooth inner surface, like the trunk of a tree from its roots. The child was a male, and breathed a few times.

It seems that the placenta had entirely surrounded the membranes, attaching its inner surface to them, while the exterior was attached to the whole surface of the womb. It looks as though the fœtus had been formed, together with the funis and membranes, without a placenta, and that was altogether an after consideration, and supplied by the whole inner surface of the womb, and surrounding the membranes and fœtus.

I have preserved the placenta and cord, with its attachment, and shall be happy to show it to any of the profession who may have the curiosity and opportunity to call.

Yours, SENECA SARGENT.

*Lawrence, September, 1853.*

#### SUCCESSFUL USE OF GALVANIC SUPPORTERS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In a recent number of your Journal, I noticed an allusion to Seymour's Galvanic Supporters; and as you expressed some doubts as to their efficacy, I will give you very briefly the result of my experience. Dr. Seymour called on me some six months ago, and from the fact that I had used various kinds of abdominal and spino-abdominal supporters with (to say the least) doubtful benefit to my patients, I was induced to turn rather a cold shoulder to Dr. S. But from a cursory examination of the instrument, it occurred to me that this might be a valuable application of galvanism; and having several perplexing cases on my hands, I concluded to give it a trial. I applied one to a patient, who had been suffering from prolapsus uteri for the last six months, attended with leucorrhœa, dysmenorrhœa, hysteria, palpitations, and in short all the painful concomitants of this disagreeable derangement, which had confined her to the bed for the last ten weeks. I withdrew all other treatment except the occasional use of a female syringe, and in five days my patient was able to walk a mile without inconvenience, and in ten days to resume her usual avocations. From that time to the present, she has enjoyed uninterrupted good health. The instrument was laid aside after a few weeks, and only resumed occasionally when exposed to unusual fatigue—and even then not from necessity, but from fear of a relapse. I

have used them in several other cases with similar good effect. In fact, I have never been disappointed in their effect in a single instance, where I have given them a fair trial.

This statement is entirely gratuitous on my part, and you may do as you think proper about giving it publicity in your Journal.

*Eastport, Me., September, 1853.*

MARK R. WOODBURY, M.D.

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#### YELLOW FEVER AT NEW ORLEANS.

[THE following remarks on the origin and progress of the present epidemic at New Orleans are from the September number of the Medical and Surgical Journal of that city, and are entitled to more weight than the statements which appear in the newspapers. The total number of deaths, up to the last week in August, as given in the Journal referred to, differs somewhat from that given in our pages last week, but not enough so to render a correction necessary.]

About the 26th of May last, the first case of yellow fever entered the Charity Hospital, and after death black vomit was found in the stomach. The first fever cases originated among the shipping along the Levee, in the Fourth District, from which point it extended rapidly through the adjacent portion of the town. A large population of unacclimated persons, living in wooden huts, with floors and timbers soaked in water, and half decayed, were seized with the disease in the most malignant form. For some time previously rain had fallen almost daily, and this added to a hot, burning sun, seemed to give strength to the poison, and lent intensity to the disease. The streets in this vicinity, for the most part, were unpaved, or planked, and the culverts, gutters, &c., were filled with water, saturated with filth and decaying vegetable and animal matter. The crowded state of these huts and low wooden tenements, with their floors steeped in mud and water, is admirably calculated to generate and propagate the germ of a disease which had already been sown in their midst.

The habits of these people (being chiefly Irish and German laborers), notoriously negligent and filthy, and utterly indifferent to all those precautionary measures which a limited knowledge of the laws of hygiene should suggest, served only to add fuel to the conflagration which was destined to extend its ravages to every portion of our devoted city. Hence, for some time, the yellow fever confined its work of death within particular localities—but by-and-bye gaining strength by what it fed upon, it began to travel to other and more distant parts—to extend its arms, so to speak, in every direction, until it grasped the Four Districts within its deadly embrace. For some time the hope was entertained that those who paid proper regard to personal comfort and cleanliness—who dwelt in high, airy and well-ventilated apartments might escape the disease; but this proved a delusion—it soon became apparent that, as heretofore, the epidemic fever was no respecter of persons—the master was stricken down with the servant—the mistress with the maid—the proud and wealthy were brought to a level with the humble and needy. All

who had not passed through some one of our epidemic seasons were exposed to attacks from the disease. As has been already mentioned, the fever made its appearance in the latter part of May, at least one month and a half earlier than usual, and from the first case up to the present, it steadily increased almost daily, until the mortality per diem exceeded that produced by any epidemic known in the annals of our sanitary history. In recording the fearful ravages of the present epidemic we must not forget that we have remained exempt from any such visitation since 1847, and during this time an immense population of unacclimated persons, both from Europe and the north-western part of our country, have been accumulating in our city. The number of unacclimated persons in the city, at the breaking out of the epidemic, has been estimated at 30,000 souls; but many of these, it is fair to suppose, have left the city to escape the disease.

The type of the epidemic differs but little from that to which we have been subject in former years; and the belief that persons had died of the disease in six and eight hours from the moment of seizure, can readily be explained by a better knowledge of the antecedent history of the case; for on inquiry it would generally be found that such individuals have had slight fever and other symptoms of the epidemic for two or three days previously to taking to their bed and calling in medical aid. This surmise gains additional strength from the fact that the attack, in many instances, has been so insidious and destitute of alarming symptoms, that it was with difficulty such persons could be persuaded—could be prevailed upon to submit to the usual restrictive treatment.

It is not strange therefore that such cases, which had been neglected for two or three days, in the early and curable stage of the attack, should terminate in fatal black vomit, in a few hours after the physician is summoned to the bedside of his patient. So much for the apparent malignancy of the present epidemic. In making the foregoing explanation, we aim not to deny the existence of an occasional case of extreme severity; so severe indeed as to terminate in death in a few hours, in spite of the best efforts of the most skillful physician and the most careful nursing.

In some instances the system seems so thoroughly saturated with the poison of the disease, from the very moment of seizure, that no system of medication, as yet suggested, seems able to cope with and stay the fatal tendency of the fever. Every medical man who has had much experience in the disease, must remember occasional instances of this kind.

The disease this season, though essentially the same in many of its most prominent features, exacts perhaps, on the part of physician and nurse, more care, diligence and precaution, to terminate favorably, than usual in our epidemics. The slightest imprudence, either in diet, exposure, or excitement of any kind, is almost certain to superinduce a relapse—from which state it is usually very difficult to extricate the patient. Hence, the great mortality among those who are not only ignorant of the peculiarities of the disease; but who are also unable, and in some instances unwilling, to pay for the requisite medical aid and attendance.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, SEPTEMBER 21, 1853.
 

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*Aural Surgery.*—It was unknown to us, while writing upon the slow advances made in this department, a few weeks since, that an able treatise on the subject was so near at hand. Happily for the profession, a distinct work, from a commanding source, has been put into an American dress, and at a price, too, that will gain admission for it to private libraries. "Practical Observations on Aural Surgery, and the Nature and Treatment of Diseases of the Ear, with Illustrations," by William R. Wilde, of Dublin, will be an acceptable and seasonable book. It is one of Messrs. Blanchard & Lea's finely proportioned volumes—an octavo of 475 pages. Eight chapters embrace the entire range of subjects which Mr. Wilde has introduced to the reader—the description of the diseases to which the organ is liable, being in a great measure the results of his personal observation, while the plan of medication may be regarded as essentially his own. Chap. I. gives the bibliography of aural surgery; II. Means of diagnosis; III. Statistics and nosology of ear diseases; IV. Diseases of the auricle, mastoid region and external meatus; V. Diseases of the membrana tympani; VI. Diseases of the middle ear and Eustachian tube; VII. Diseases of the internal ear; VIII. Otorrhœa, and lastly, deaf-dumbness. Notwithstanding the fact that little scientific progress has been made in the ordinary treatment of diseases of the ear, we are free to acknowledge that this book is full of practical and useful suggestions, that should be attentively studied. Explorations in the throat are important in searching for causes that impair the hearing. Enlarged tonsils, derangement of the mouth of the Eustachian tube by the extraction of the back teeth, or a chronic inflammation of the fauces, may each essentially modify, if not impair the condition of the auditory passages, and must not, therefore, be overlooked. With respect to the treatment, and chances of *hitting right*, where deafness follows some derangement of the labyrinths—for all medication directed to that point is, to our apprehension, upon the principle of hit or miss—the less the aurist does, the better. Among many other things commendable in this volume, the progressive spirit discoverable in it is cheering. Although many forms of deafness still remain incurable among us, this fact should not dampen the ardor of the medical adviser in his search for both causes and remedies. This work, with other efforts which have been made to discover means of relief in this class of diseases, leads to hopes of future success in endeavoring to open the ears of the deaf.

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*Laws of Civilization.*—Dr. F. W. Hostman, of Holland, who has passed thirty years in Surinam, arrived at Boston last week, for the purpose of publishing a work on the laws of civilization. As we understand the ideas of the author, he has written a philosophical treatise on the conditions of humanity in all ages, and attempts to show that there is necessarily a gradual developement or progress towards the highest forms of civilization, in accordance with established fundamental laws. Dr. H. evinces a profound insight into the organization of society. Although he discusses the vexed question of slavery, the opinion is firmly entertained by him that his theory

is calculated to meet the hearty approval of all parties, and to reconcile the North with the South, and all nations with each other. If he can accomplish a tithe of the good that is hoped for by him, he may safely be hailed as a national benefactor. On looking over the manuscript of the first volume, the conclusion was irresistible that an immense amount of research had been bestowed on the subject. The chapters on the different races of men, indicate an active mind, an enviable power of analysis, and a rapidity and ease in expressing thoughts, which but few possess. It is Dr. Hostman's intention to put his book to press as soon as sufficiently liberal terms are proffered by some one of our great publishing houses.

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*Franklin Co. (Mass.) Medical Society.*—This active branch of the Medical Society of the State, is located in the northern part of Massachusetts. It has been distinguished, from the beginning, for the intelligence, high professional tone and energy of its members. On the 7th of September, Dr. Stephen W. Williams, the president, announced his intention to remove to Illinois, and therefore resigned his chair, which has been filled with honor to himself and profit to the association. A fine gold watch was presented to him on the occasion, by Dr. James Deane, in behalf of the members. Dr. Williams was requested to give a sketch of his professional life, which he did, and it will probably be published. There were other exercises, full of interest, which may hereafter appear in a more complete form than could be conveniently embodied in this short account.

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*Pennsylvania College.*—According to the circular lately issued, the faculty of medicine in the Pennsylvania College entertain high hopes of giving entire satisfaction the coming season in their several departments. Some few alterations have been made, consisting principally of a subdivision of labor. The museum is spoken of with a degree of pride which is justifiable when its importance to medical students is considered. Clinical instruction, the value of which no one questions, seems to be systematically conducted, in an ample field. All the Philadelphia schools exert themselves in this direction, and the result has been a wide-spreading reputation. By the last catalogue, one hundred and forty-nine were in attendance on the lectures of this college, which is encouraging for a comparatively young institution.

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*Hereditary Tendency to Suicide.*—That such a predisposition exists, cannot be doubted, since the records of insanity furnish a melancholy amount of testimony that goes to prove it. In the United States, the number of deaths recently, by suicide, is truly shocking. Without inquiring minutely into the cause, it may well be asked, is there a preventive? It seems that in France, at one period, the mania among females for self-destruction became alarmingly frequent, and was constantly increasing. Every measure proposed had failed to stop it. As a final effort, it was decreed, by high authority, that in all cases of the death of women by their own voluntary act, their dead bodies should be exposed, naked, to vulgar gaze; and this at once put a stop to the practice. Men among us, thus far, have not regarded the ultimate disposal of their bodies, after the extinction of life, and they kill themselves when, where and how they choose, till the aggregate constitutes an appalling number. So long as disappointments are suf-

ferred to prey upon the human heart, affections are blighted, and misfortunes come upon those who are not sufficiently strengthened by mental culture or moral principle, these sad events will occur. The Christian religion, with its restraining influences, is given us, and should prevent these exhibitions of distraction and weakness, which so often take place though operating against the strongest instincts of our nature.

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*Wooden-Leg Literature.*—While Mr. Palmer, the renowned inventor of a substitute for lost limbs, was in England, his communications to this Journal were characterized by an originality that obtained for them the title of wooden-leg literature. The introduction of conversations with the Marquis of Anglesea and other English warrior notables, gave a peculiar zest to his letters, which to those who had considered an artificial prop simply as a plain matter-of-fact affair, proved an acceptable entertainment, aside from the information given. The manufacture of Palmer legs is going on successfully; but have any improvements upon them been devised of late? Mr. Wood's legs, and the principle on which they are made, as heretofore described, are much admired, and we believe he has ample encouragement. Both are New-England men; and both being equally unfortunate in the loss of a leg of their own, they began by experimenting upon themselves, and have thus arrived at a great degree of perfection. This is accorded to them by persons in a similar condition with themselves, who, of all others, must be the most competent judges of the value of their inventions. If Mr. Palmer has no more dialogues with British limbless heroes to relate, he can at least give us an account of the demand upon his establishment; the number of artificial arms and legs annually supplied in the United States, together with a statement of the sales in London, where his skill was a theme for admiration. Such an account would gratify the public, and extend a knowledge of the benefits which art has at her disposal for a most unfortunate class of men.

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*Vegetable Food.*—In the list of officers of the Vegetarian Society—a company of one-idea people—are recognized a few of the Grahamite reformers, who were in full feather about fifteen years ago. These, it seems, are still living, and, acting upon the principle of leaven, have begun to ferment again. As nothing is too absurd for the consideration of certain anomalous minds, a new crop of believers in the doctrine that vegetable food, exclusively, is the appropriate diet of man, has been raised. They are, very naturally, the same individuals who are in the front rank of every proposed moonshine scheme for bettering the woful condition of the race. If their adherence to the vegetarian theory would cheapen the price of meats, those who have thriven well on roast beef and turkeys up to three score and ten would acknowledge their obligations. But in spite of reforming speeches, appeals to the sound sense of the world, and quotations from the prophet that "the lion shall eat grass like the ox," the shambles are still hung with mutton, veal, pork, venison, poultry and fish, and they each appear in as great demand as ever. The "good time coming," therefore, appears to us yet distant, when we shall be restricted to a diet of roasted potatoes without salt, raw onions without vinegar, and when carrots and cabbage, turnips and crook-neck squashes, will be considered fit entertainment for a 4th of July dinner!

*Astronomical Influences.*—It will scarcely be credited abroad, that in staid and sober New England, where every child is taught to read and write, and consequently to reflect, that believers can be found in almost any whim that a fanatically constituted mind may suggest. Biela's comet will appear again, according to veritable calculations, in 1856, after a period of three hundred years absence from the earth. A paper published in Boston gravely asserts that it is composed of spiritual essences, and occupied by spiritual inhabitants! Then comes the climacteric, which we copy, not on account of its medical bearing or philosophical deductions, but solely to exhibit the fantastic vagaries of the human mind.

"This approaching comet has already shed some spiritual rays upon our earth, which have prepared, and are still preparing, the inhabitants of earth for the reception of the concentrated rays of this superior celestial body. This will be the seventh time of its appearance since the Christian era began. *It will be the second coming of Christ*, for then the seed of universal brotherhood will be sown, or the kingdom of heaven will become established on earth. Until then the soil will be well prepared for its reception, when it will gradually grow and finally bear its fruits—humanity's redemption. Its last appearance in 1556 was crowned by the Reformation, and we are still living in the prophetic Congregation of Philadelphia. In fact, the seventh era will begin with the year 1872, when the influence of this comet will be thoroughly felt, for in reality three hundred and twelve earthly years constitute an era."

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*Spurious Cod-liver Oil.*—Such gross deceptions are practised in the manufacture of this excellent and universally-approved article, that both physicians and patients are uncertain of the value of the bottles on sale. An advertisement in a public paper, by a sick man, who desires to contract with a person to furnish some genuine oil for his own use, shows to what extent the public have lost confidence in the honesty of some of the dealers. We cannot doubt, from the representations made by respectable persons, that some of the sea-shore manufacturers have extracted oil from any and every kind of fish that would yield it. Hence follows the want of confidence, and honest men have had to suffer for the disreputable course of rival merchants. From a personal acquaintance with most of the druggists in Boston who have cod-liver oil on sale, we can assure the medical public that they are strictly reliable men. Unless deceived by those of whom they may occasionally have purchased lots—which must be rare—none of the trade in this city, we believe, ever disposed of an ounce of the oil that was not genuine. With other cities, of course, we cannot be so familiar as with our own. Under all circumstances we feel bound to defend Boston druggists and apothecaries, who would not peril their good name for all the oil in the Atlantic Ocean.

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*Inunction in Scarlatina.* By DR. WALZ.—(British and Foreign Medico-Chirurgical Review.) Dr. Walz (Schmidt's Jahrbuch, April) has employed, after the manner of Schneemann, frictions with fat in 74 patients with scarlatina; all were cured. In 69 cases there was no desquamation; in 4 cases there was secondary dropsy, which was easily cured in one case by diaphoretics, in three by sulphur. The same treatment has been employed in measles.—*Charleston Medical Journal and Review.*

*Barrington & Haswell's Medical Books.*—The attention of readers is directed to the list of valuable works, in our advertising sheet, offered for sale by the well-known firm of Barrington & Haswell. It will be seen that the prices are annexed to the different books, which will be found a matter of great convenience to those wishing any of them.

*Dr. Marshall Hall.*—The friends of this distinguished medical writer will be gratified to learn that he arrived safely in Boston, on Saturday last, from an extensive tour in the West. His address is at the Tremont House.

*Medical Miscellany.*—Smallpox almost threatens the extermination of the Sandwich Islanders.—A German woman named Hyler, residing on Vine-street Hill, Cincinnati, gave birth to four children (two boys and two girls), on the 21st ult. Mother and children are doing well.—We see it stated in the papers that camphor has been discovered to be an antidote to that terrible poison, strychnine.—There is considerable sickness far up the Mississippi, on both sides of the River.—The American Vegetarian Association is in session at Philadelphia. One of the speakers, Dr. DeWolf, declared that a man has no more right to take the life of an animal than that of a human being.—A woman named Martha Givens recently died in Vermillion county, at the advanced age of 107 years.—Dr. Fisher W. Ames, who shot a man in the street, at Cincinnati, is in prison, not finding bail in \$25,000.—A young gentleman recently died in Georgia, who weighed 643 pounds. Death was occasioned by excessive fatness.—Dr. George Johnson has been appointed surveyor of the Marine Hospital, St. Louis, Missouri.—At Barnstead, says the Manchester, N. H., Mirror, a child recently born, is spotted. One half of the head, including one half of the forehead, is black, while the counter half is white. The face, below the eyebrows, assumes an ash yellow; the shoulders are also marked with spots, but all other portions of the skin are white.—At the Massachusetts Charitable Mechanics' Association fair, now open in Boston, the exhibition of chemicals, entirely of domestic manufacture, is a splendid proof of the science, industry and resources of our native chemists.—Dr. Isaac Woolworth, of Westfield, has sued that town for \$3000 damages for injuries received by him in consequence of an alleged defect in the road, last February.

MARRIED,—Tristram Sanborn, M.D., of Sandwich, N. H., to Miss A. L. Burleigh.—At Schroon Lake, N. Y., on the 7th inst., F. H. Stevens, M.D., of Connecon, C. W., to Miss Amelia A. Potter, daughter of Hon. I. F. Potter, of the former place.—William G. Hanaford, M.D., of Boston, to Miss J. S. Twombly.

DIED,—In San Francisco, Dr. John Baldwin, shot dead in the street by a man with whom he had a difficulty respecting squatting.—In Boston, Dr. Constantine B. O'Donnell.

*Deaths in Boston* for the week ending Saturday noon, Sept. 17th, 100. Males, 46—females, 54. Accidents, 1—burns and scalds, 1—inflammation of the bowels, 1—disease of the bowels, 2—inflammation of the brain, 1—disease of the brain, 1—congestion of the brain, 1—consumption, 13—convulsions, 3—cholera infantum, 13—croup, 1—dysentery, 7—diarrhoea, 5—dropsy, 2—dropsy in the head, 4—infantile diseases, 3—bilious fever, 1—typhus fever, 2—typhoid fever, 4—scarlet fever, 1—hooping cough, 1—disease of the heart, 1—intemperance, 2—disease of the liver, 4—mortification, 1—marasmus, 1—measles, 3—old age, 2—palsy, 1—poisoned by gas in cesspool, 2—scrofula, 1—teething, 3—thrush, 2—throat disease, 1—worms, 1.

Under 5 years, 50—between 5 and 20 years, 6—between 20 and 40 years, 21—between 40 and 60 years, 15—above 60 years, 8. Born in the United States, 79—Ireland, 15—England, 1—British Provinces, 3—Italy, 1—Prussia, 1. The above includes 10 deaths at the City Institutions.

**MEDICAL INSTITUTION OF YALE COLLEGE.**—The Course of Lectures commences annually on the last Thursday in September, and continues four months.

**BENJAMIN SILLIMAN, M.D., LL.D.,** Prof. Emeritus of Chemistry and Pharmacy.

**ELI IVES, M.D.,** Prof. Emeritus of Materia Medica and Therapeutics.

**JONATHAN KNIGHT, M.D.,** Prof. of the Principles and Practice of Surgery.

**TIMOTHY P. BEERS, M.D.,** Prof. of Obstetrics.

**CHARLES HOOKER, M.D.,** Prof. of Anatomy and Physiology.

**HENRY BRONSON, M.D.,** Prof. of Materia Medica and Therapeutics.

**WORTHINGTON HOOKER, M.D.,** Prof. of the Theory and Practice of Physic.

**BENJAMIN SILLIMAN, Jr, M.D.,** Prof. of Chemistry and Pharmacy.

On account of previous engagements of Prof. Silliman, Jr, the lectures on Chemistry, during the ensuing term, will be given by Prof. John A. Porter. Lecture fees, \$68.50. Matriculation, \$5. Graduation, \$15.

**CHARLES HOOKER,**  
Dean of the Faculty.

New Haven, July, 1853.

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**UNIVERSITY OF NASHVILLE, MEDICAL DEPARTMENT.**—The third Annual Course of Lectures in this Department will commence on Tuesday, the first of November next, and continue till the first of the ensuing March.

**PAUL F. EVE, M.D.,** Principles and Practice of Surgery.

**JOHN M. WATSON, M.D.,** Obstetrics and the Diseases of Women and Children.

**A. B. BUCHANAN, M.D.,** Surgical and Pathological Anatomy and Physiology.

**W. K. BOWLING, M.D.,** Institutes and Practice of Medicine.

**C. K. WINSTON, M.D.,** Materia Medica and Medical Jurisprudence.

**ROBERT M. PORTER, M.D.,** General and Special Anatomy.

**J. BERRIEN LINDSLEY, M.D.,** Chemistry and Pharmacy.

**WILLIAM T. BRIGGS, M.D.,** Demonstrator of Anatomy.

The Anatomical rooms will be opened for students, on the first Monday of October.

A full Preliminary course of Lectures will be given by the Professors, commencing also on the first Monday of October.

The Students will have free access to the State Hospital.

Fee of each Professor, \$15. Matriculation ticket, \$5. Dissecting ticket, \$10. Graduation fee, \$25.

Good board can be obtained in the city at from \$2 50 to \$3 per week. Further information may be obtained by addressing

**J. B. LINDSLEY, M.D., Dean.**  
Nashville, Tenn., June, 1853. je22—mov.

**HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.**—Located in Filbert street above Eleventh, Philadelphia.—The Sixth regular course of lectures in this Institution will commence on the second Monday of October and continue until the first of March ensuing.

*Faculty.*

**WALTER WILLIAMSON, M.D.,** Prof. of Materia Medica and Therapeutics.

**FREDERICK HUMPHREYS, M.D.,** Prof. of Homœopathic Institutes, Pathology, and the Practice of Medicine.

**JOSEPH G. LOOMIS, M.D.,** Prof. of Obstetrics, and the Diseases of Women and Children.

**ALVAN E. SMALL, M.D.,** Prof. of Physiology and Medical Jurisprudence.

**MATTHEW SEMPLE, M.D.,** Prof. of Chemistry and Toxicology.

**JACOB BEAKLEY, M.D.,** Prof. of Surgery.

**WILLIAM A. GARDINER, M.D.,** Prof. of Anatomy.

**W. ASHTON REED, M.D.,** Demonstrator of Anatomy.

Students will be admitted to the Homœopathic Hospital, to receive Clinical instruction, and witness treatment at the bedside of the patients, and Surgical practice and operations. For further information, address

**WM. A. GARDINER, M.D., Dean,**  
No. 34 North 9th st, Philadelphia.

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**PURE FUSEL OIL.**—Manufactured and sold by **PHILBRICK, ATWOOD & CO.,** Chemists, 150 Washington street, Boston. sep. 7

**MEDICAL COLLEGE OF OHIO.** SESSION OF 1853-'54.—The Thirty-fourth Annual Course of Lectures will commence on the first Monday in November, under the following arrangement, and close on the last of February.

*Faculty.*

**L. M. LAWSON, M.D.,** Prof. of the Principles and Practice of Medicine, and Clinical Medicine.

**T. O. EDWARDS, M.D.,** Prof. of Materia Medica and Therapeutics, and Medical Jurisprudence.

**G. W. BAYLESS, M.D.,** Prof. of Anatomy.

**ASEBURY EVANS, M.D.,** Prof. of the Principles and Practice of Surgery, and Clinical Surgery.

**N. T. MARSHALL, M.D.,** Prof. of Obstetrics and the Diseases of Women and Children.

**SAMUEL G. ARMOR, M.D.,** Prof. of Physiology and Pathology.

**CHARLES W. WRIGHT, M.D.,** Prof. of Medical Chemistry and Toxicology.

**THOMAS WOOD, M.D.,** Prof. of Surgical and Practical Anatomy.

The Dissecting Rooms will be opened on the first of October, under the care of the Professor of Surgical and Practical Anatomy, and students may rely on a full supply of material, throughout the session.

Clinical Lectures, by the Professors of the Practice of Medicine and Surgery, will be delivered regularly throughout the session, at the Commercial Hospital. In addition to this, a College Clinic will be established, which will afford a large amount of clinical instruction.

Preliminary lectures will be delivered during the month of October, by the members of the Faculty. This course, which will be free, will embrace lectures at the Hospital and College. It will not interfere on the regular course.

The New College Edifice is an ample and convenient building, and is well adapted to the comfort of students.

Fees.—For the whole course, including the Dissecting ticket, \$101. Matriculation ticket, \$5. Hospital ticket, \$5. Graduation fee, \$25.

Good board, including fuel and lights, will average about \$2 50 per week.

**L. M. LAWSON, M.D., Dean.**

**T. O. EDWARDS, M.D., Registrar.**  
Cincinnati, Aug. 1, 1853. a10—tO

**NEW HAVEN MEDICAL SCHOOL FOR PRIVATE INSTRUCTION.**—The first term will commence the first week in March, and close the last of July. The second will correspond with the Lecture Term of the Medical Institution of Yale College, beginning the last week in September and continuing four months.

**JONATHAN KNIGHT, M.D., President.**

**S. G. HUBBARD, M.D., Treasurer.**

**W. HOOKER, M.D., Sec'y.**

*INSTRUCTORS.*

**JONATHAN KNIGHT, M.D.,** Institutes of Surgery.

**CHAS. HOOKER, M.D.,** Anatomy and Physiology.

**HENRY BRONSON, M.D.,** Materia Medica.

**NATHAN B. IVES, M.D.,** Midwifery and Diseases of Females.

**WORTHINGTON HOOKER, M.D.,** Theory and Practice of Medicine and Diseases of Children.

**PLINY A. JEWETT, M.D.,** Surgery.

**STEPHEN G. HUBBARD, M.D.,** Pathology and Medical Jurisprudence.

Fees.—to be paid in advance.—For the Summer Term, \$40; Winter Term, \$10; for the Year, \$50.

New Haven, Feb. 25, 1853. mch 2—cow

**NEW ENGLAND FEMALE MEDICAL COLLEGE.**—The Sixth Annual Term will commence November 2d, and continue four months.

**WILLIAM M. CORNELL, M.D.,** Prof. of Physiology, Hygiene and Medical Jurisprudence.

**ENOCH C. ROLFE, M.D.,** Prof. of Chemistry.

**STEPHEN TRACY, M.D.,** Prof. of Obstetrics, and Diseases of Women and Children.

**JOHN P. LITCHFIELD, M.D.,** Prof. of Principles and Practice of Medicine.

**JOHN K. PALMER, M.D.,** Prof. of Materia Medica and General Therapeutics.

**HENRY M. COBE, M.D.,** Prof. of Anatomy and Surgery.

Fee to each Professor, \$10. Graduation fee, \$20.

**SAMUEL GREGORY, Secretary,**  
814—3t 15 Cornhill, Boston.

**CITY OF BOSTON.**—City Physician's Office and Vaccine Institution, No 21 Court Square.

Hour for Vaccination, from Twelve to One o'clock, daily. HENRY G. CLARK, City Physician. Residence 95 Salem Street. March 12—eopt

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 9.

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## EARLY HISTORY OF THE MEDICAL PROFESSION IN NORFOLK CO.

[Continued from page 156.]

### BRAINTREE.

THE present town of Braintree was originally the middle precinct of the old town of the same name. Although incorporated in 1707, it had no resident physician until 1779.

Dr. Daniel Fogg, a native of New Hampshire, and a medical pupil of Dr. Thomas Kittredge of Andover, in that year took up his residence in Braintree. He was a worthy man and a good physician. Having been reserved in his manners, and for many years exceedingly deaf, his business was very much confined to the vicinity in which he lived. He died suddenly, in 1830, of disease of the heart, while walking in his garden, aged 71.

Dr. Ebenezer Thayer, a native of Braintree, settled at the Iron-works near Weymouth in 1800, but within five years died of fever, at the age of 30.

Dr. Joseph Bossuet resided for a time in the same neighborhood. He was a French physician, well educated, and had for a time resided in the West Indies. He had a good reputation as a surgeon. His lack of self-control prevented him from acquiring in this country an extended business. He performed in Braintree one operation, which gave him some notoriety, having removed from the urinary bladder a calculus of considerable size, and with it the remains of an extra-uterine fetus. The patient recovered and survived many years, and before her death presented the carefully-preserved bones and other remains to Dr. H. I. Bowditch, of Boston, and through him to the Boston Society for Medical Improvement.

Dr. Jonathan Wild is a native of Braintree; graduated at Harvard College in 1804; was a medical pupil of Dr. Ebenezer Alden, of Randolph, and resided there a few years after the death of his instructor. In 1813, however, he returned to his native town, and has been the principal physician there for the last thirty years.

### RANDOLPH.

Dr. Moses Baker, a friend and probably fellow pupil of Dr. Benjamin Church, of Boston, settled in the "New South Precinct of Braintree,"

now Randolph, about the year 1755, and had a good share of business in that and the neighboring parishes until his death, which occurred December 10, 1781.

Dr. Ephraim Wales was the second physician in Randolph. He graduated at Harvard College in 1768, was a medical pupil of Dr. Amos Putnam of Danvers, and settled in this his native parish as early as 1770. He was well educated, was the instructor of numerous pupils, and had a large circle of practice. His youngest son, bearing the same name, after his father's death, which occurred April 7, 1805, at the age of 59, pursued his profession, and is still a resident on the site of the old family mansion.

Dr. Ebenezer Alden, a descendant of the Pilgrim John Alden who came to Plymouth in the May Flower in 1620, was a native of Stafford, Ct., where he was born July 4, 1755. Having completed his medical education in his native State, he was invited to settle in Randolph on the death of Dr. Baker; and from 1781 to the time of his own death, which occurred October 16, 1806, he sustained there and in the neighboring towns an unblemished reputation, and received his full share of medical patronage. His pastor, Rev. Jonathan Strong, in a tribute to his memory after his decease, thus speaks of him.—“The duties of his profession he discharged with reputation to himself, and with great usefulness to his employers. His circle of business, although small at first, gradually increased until it became very extensive. As a physician he was remarkably attentive, prudent, and successful. During the latter part of his life, his advice was sought and much respected by his brethren of the faculty in his vicinity. No physician in this part of the country possessed the love and confidence of his patients to a higher degree. This was evident from the universal sorrow occasioned among them by his death.”

Dr. Jonathan Wales, a medical pupil of Drs. E. Wales and N. Miller, was a native of Randolph, and a physician there for forty years preceding his death, which occurred in 1843, at the age of 65. He was ardently devoted to his profession, and actively engaged in its duties; was much employed in town affairs and in the concerns of the religious society of which he was a member. He obtained the confidence of his patients in an eminent degree, and was often called on in surgical as well as in medical cases. In 1824 he received the degree of A.M. at Middlebury College, and that of M.D. at Waterville in 1832. His son, Dr. B. L. Wales, who graduated at Middlebury College in 1824, and M.D. at Harvard in 1828, was afterwards associated in business with his father while he lived, but since his death has relinquished medical pursuits for more congenial and lucrative employments.

Dr. Ebenezer Alden, son of the former physician in this town of the same name, graduated at Harvard College in 1808; was a medical pupil of Dr. Nathan Smith, at Hanover, N. H., where he received the degree of M.B. in 1811. He was afterwards for some months a resident in Philadelphia, in attendance upon medical lectures and practice in that city, where he received, in 1812, the degree of M.D. from the University of Pennsylvania; since which period he has resided at Randolph.

Other physicians, who have commenced business there more recently, are now resident in that town, enjoying a well-earned patronage.

#### DORCHESTER.

Dorchester, which was settled in 1631, originally embraced within its limits not only the present town of that name, but also Milton, Canton, Stoughton, Sharon and Foxborough. Johnson, in his "*Wonder-working Providence*," thus quaintly describes it. "The forme of this Towne is almost like a serpent, turning her head to the northward over against Tompson's Island and the Castle; her body and wings being chiefly built on are filled somewhat thick of houses, only that one of her wings is clipt; her tayle being of such large extent that she can hardly draw it after her."—*Wonder-working Providence*, 1st Ed., 4to, p. 41.

I find no account of any resident physician in Dorchester at a very early period. Much sickness prevailed there, as well as at Salem and Charlestown, in 1630 and the two following years. Dr. Samuel Fuller of Plymouth, writing to Gov. Bradford, June 28, 1630, says—"I have been to Mattapan at the request of Mr. Warham, and let some twenty of these people blood."—(*History of Dorchester*, p. 22.) This sickness was probably similar to that which prevailed in Plymouth, of which Morton says—"it was a kind of pestilential fever," of which upwards of twenty persons died in Plymouth; and that it was also very fatal to the Indians in the vicinity. At the same time the Indians near Charlestown were severely afflicted with smallpox, Mr. Maverick having buried above thirty of them at Winnesimmet in one day, as Winthrop assures us.

Dr. Elijah Danforth was one of the earliest physicians in Dorchester, and had his residence near the old burying ground. Dr. Harris supposes that he resided for a time at Castle Island. It is probable that at one period he was at Roxbury also; for Dr. Boylston, in his "*Account of the Smallpox inoculated in New England*" (p. 31), says that on the 8th of December, 1721, he inoculated at Roxbury among others Dr. Elijah Danforth, aged 35; and that the doctor, in consequence of the cold weather, had a tumor in the axilla which came at suppuration. He graduated at Harvard College in 1703, and died in Dorchester in 1736, at the age of 50, leaving a real estate of the value of £2000, besides a handsome personal estate.

Dr. William Holden commenced business in Dorchester soon after the death of Dr. Danforth. There is reason to suppose that he was previously at Bridgewater; a Dr. William Holden having buried a daughter Hannah there in 1738, and removed soon after. He was a native of Cambridge, born 4th March, 1713, and died March 30, 1776, aged 63.

Dr. Phinehas Holden, son of Dr. William, was born January 31, 1744. He studied medicine with his father, and continued in the practice of it at Dorchester until his death in 1819.

Dr. James Baker, who was born Sept 5, 1739, and graduated at Harvard College in 1760, studied divinity and was for some time a preacher. He then studied medicine, and practised a few years until about 1780, when he relinquished the profession for other pursuits.

Dr. Joseph Gardner died in Dorchester in 1809, aged 28.

Eleazer Clapp, M.D., who graduated at Harvard College in 1807, was a pupil of Dr. J. Warren. He opened an office in Boston, and commenced the duties of his profession with fair prospects of success. But he soon became melancholy, and having a predisposition to insanity, returned to his native town, where in a fit of mental depression he committed suicide, Aug. 27, 1817, at the age of 31. His mother, filled with grief at the occurrence, followed him five days afterwards by the same means.

Dr. Thomas Danforth, son of the celebrated Dr. Samuel Danforth of Boston, received a good education, but having wealthy relatives was not specially devoted to the interests of his profession. For about two years he had his residence in Dorchester; not with a view of engaging in medical pursuits, however, although he was sometimes requested to prescribe for his neighbors. "Having taken a sudden cold, which produced excitement of the brain," he rose from his bed on the night of July 13, 1817, procured a light, and, placing himself before a looking-glass, deliberately opened the carotid artery; when he threw himself again upon the bed, and soon expired. His death may have been the exciting cause of that of Dr. Clapp, which occurred the following month.

Dr. Samuel Mulliken was a native of Lexington. He graduated at Harvard College in 1819, and settled as a physician in Dorchester. For some time his circle of practice was quite limited. But at length, removing to the south part of the town, he acquired business and a good reputation, which he retained until his death, which occurred Feb. 20, 1843, at the age of 52. The immediate occasion of his death was the introduction of virus into his system through a slight wound received in dissecting a gangrenous subject.

Dr. Robert Thaxter was a native of Hingham, where he was born October 21, 1776. He graduated at Harvard College in 1798. Having studied medicine with his father, Dr. Thomas Thaxter, he was for a time associated with him in business at Hingham. In 1809 he settled at Dorchester, and from that period until his death, which occurred from "ship fever" Feb. 9, 1852, he enjoyed a wide circle of medical and surgical practice, and an enviable reputation as a physician and citizen. For more than thirty years he was not detained from his business a single day by sickness, nor did he spend a night out of town during the same period, except on professional duty. He was a man of noble, self-sacrificing spirit. It was only necessary for him to know that his services were needed. He inquired not whether the sufferer was a native citizen or a foreigner; whether he had ability to make any pecuniary compensation, or otherwise; whether his malady was mild or malignant. At the first summons, by night or by day, he hastened to his relief. Although his own life might be the forfeit, he deserted not his post in the hour of danger. "His profession *was his life*," says his pastor, Rev. Dr. Hall, in a highly appropriate tribute to his memory, on the Sabbath succeeding his death. He adds, "May it not have been kindly ordered—kindly for him—that the mortal arrow by which he fell should have been received in the conscientious discharge of its functions." "His last sickness was contracted by faithful attendance on the family of a poor emigrant."

## MILTON.

Milton was incorporated in 1662. Rev. Peter Thacher, its first minister and physician, was born in 1651, graduated at Harvard College in 1671, and died Dec. 17, 1727, aged 77. He was the son of Rev. Thomas Thacher of Weymouth and Boston. Soon after his graduation he went to England, where he remained several years. Like his father, he was well skilled in medicine as well as in theology; and he expended no inconsiderable portion of his annual salary in providing medicines for the indigent and sick. He acquired such a knowledge of the Indian language, as enabled him, in their own tongue, to preach to the natives, who were numerous in his vicinity; and at the same time he was accustomed to prescribe for their physical maladies. Cotton Mather (*Mag. i.*, 428, 2d ed.) says—"It is well known that, until two hundred years ago, physic in England was no profession distinct from divinity"; and elsewhere he adds—"Ever since the days of Luke the Evangelist, skill in physic has been frequently professed and practised by persons whose most declared business was the study of divinity. But I suppose that the greatest frequency of this angelical conjunction has been seen in these parts of America, where they are mostly the poor to whom the gospel is preached by pastors whose compassion to them in their poverty invites them to supply the want of abler physicians." "Such a universally serviceable pastor was our Thacher." This was indeed a tribute of the learned author to the father, but equally applicable to the son and to many other worthy pioneer ministers of New England. It was neither want of success in their appropriate calling; nor a desire for the emoluments of a double office; nor an overweening self-esteem; nor any other unworthy motive, which led these early ministers to add to their theological stores some knowledge of medicine. It was rather a desire to administer to the necessities and alleviate the pains of those who from poverty and distance were unable to avail themselves of more efficient aid. The professions of theology and medicine are natural allies. Those who practise them can and should be mutual helpers; and when ministers so forget the dignity of their calling as to be carried away by the newest and most popular medical delusion, to the neglect of the well-informed and regularly-educated physicians of their own parishes, they act as unwisely as the physician who adopts the vagaries of the wildest theological fanatic, as a substitute for the teachings of the sober and well-instructed ministers of religion.

After the death of Rev. Mr. Thacher, the medical business of the town was divided for nearly half a century among physicians in the vicinity.

Dr. Samuel Gardner, son of Rev. John Gardner of Stow, graduated at Harvard College in 1746, and settled on Milton Hill as early as 1753. On the 22d May, 1766, he married Mary, daughter of Rev. Dr. William Cooper, and grand-daughter of William Foye, a gentleman of standing and fortune in Milton. He was considered a respectable physician, and, it is supposed, died in 1777.

Dr. Enos Sumner was born in 1746, and was in business as a physi-

cian in the central part of Milton from about 1768 to nearly the close of his life, which terminated June 8, 1796.

Dr. Benjamin Turner, a native of Randolph, graduated at Harvard College in 1791, and after having completed his medical education had his residence in the south part of Milton and was for some years engaged in medical practice. He then removed to Framingham, and from that time until his death, which occurred in 1831, he was devoted to agricultural pursuits.

Dr. Amos Holbrook was a native of Bellingham, had his residence in Milton, at first in the village, afterwards upon Milton Hill, and was one of the most eminent medical men in the County during the whole period in which he lived. He had not the advantage of a collegiate education; but this infelicity was more than compensated by the experience he acquired in the service of his country, as an army surgeon, and by his subsequent residence for several months in France, where his time was profitably occupied "in witnessing the practice of the hospitals, and thus adding to his stores of practical knowledge." Endowed by nature with an elegant person, he added to it a courteousness of address and suavity of manners which won him favor in whatever circle he moved. He was beloved as a physician and citizen, and sustained his popularity undiminished to the close of a long life. For many years he engrossed the principal medical business of Dorchester as well as Milton. He died June 17, 1842, at the advanced age of 88.

A very just sketch of his character, by his friend and pupil Dr. Thaddeus W. Harris, was published in the Boston Courier soon after his death, and thence copied into the Boston Medical and Surgical Journal of July 13, 1842, and subsequently by Dr. Williams into his Medical Biography.

Dr. Samuel Kinsley Glover, a native of Milton, was born in 1753. He entered Harvard College, but before the time of his graduation arrived, the Revolution having broken out, instruction in the College was suspended; his classical studies were relinquished, and he soon joined the army as surgeon's mate. In that capacity and as surgeon of several armed vessels, he continued until 1778. In that year, among other duties he had charge of a smallpox hospital on Prospect Hill, where Burgoyne's troops were stationed as prisoners of war. In 1780 he relinquished military life, and settled in Milton. From that time also he discontinued the practice of medicine and surgery, except that for a time he devoted some attention to a private smallpox hospital. He received a pension from government, was called to fill several stations in public life, and died July 1, 1839, aged 86.

Dr. Thaddeus William Harris, son of the Rev. T. M. Harris, D.D., of Dorchester, graduated at Harvard College in 1815, and settled at Milton in 1820; where, and in his native town of Dorchester, he acquired the reputation of an excellent physician, as well as a distinguished naturalist. After about ten years it became necessary for him to relinquish the active duties of his profession, as too laborious for his constitution, and he was elected to, and accepted the office of Librarian to the University, a post which he has since continued to occupy, to the entire satisfaction of its guardians and the public.

Dr. Thomas Kittredge was for a few years in Milton, where he died July 27, 1845, aged 33.

Dr. Charles R. Kennedy, a native of Milton, and graduate of Harvard College in 1826, studied medicine at Randolph, and settled in his native town; but not finding the practice of his profession congenial either to his feelings or his health, he relinquished it for other pursuits. He became consumptive, and died at St. Augustine in 1836. He was an excellent citizen and much respected.

[To be continued.]

## EFFECTS OF SLEEP IN DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

I NOTICED, in a late number of this Journal, some "Remarks on the Effects of Sleep," taken from the "New York Journal of Medicine and the Collateral Sciences," which appear to me to conflict not only with the established laws of physiology, but with all past experience. The writer of that article would have us to understand that "Balmy sleep, tired nature's sweet restorer," was not only a very valuable adjunct in the restoration of the sick to health, but that it was an agent which it is always safe to trust, under all circumstances and in all conditions of disease—never betraying its fidelity to the sleeper—never overdoing in its office of restoration, and never jeopardizing the life or the good, even, of the sinking invalid whom it has bound within its benevolent embrace.

Now that sleep is very essential to the recovery of patients who have become prostrated by acute inflammatory or febrile disease, I presume every physician has had abundant opportunity to discover; but that it is always safe to allow it to have its own way, and to let it lead off in the great work which the physician is trying to accomplish—ourselves following *it*, instead of *its* being subservient to *us*, I, for one, have never yet been able to discover. The writer of the paper referred to labors hard to prove that there are a "few" practitioners who at the present day are in the habit of restricting their patients in regard to sleep! And in attestation of the fact, he relates two cases in which he was called in consultation, in both of which the patients had been restricted as above, but each of whom *he* permitted to sleep as long as they pleased, and they both got well! He also relates the case of a man who had previously been sick in Michigan, and whose medical attendant had, according to this man's story, restricted his sleeping to stated periods!

Now all this proves just nothing at all. There is no evidence but that these cases would have terminated favorably even had the opposite course been pursued. And I am frank to acknowledge to the writer of that paper, that I am still in the habit of directing that my patients (especially those whose muscular powers are very much prostrated) shall not be permitted to sleep long enough to exhaust or fatigue them; but that they shall be disturbed—turned over, or allowed some drink to moisten the mouth and fauces, and then let them indulge in "balmy sleep" again if they choose. Nor am I alone; for, in addition to the three to whom the

writer in question refers, as "still giving directions to the nurses," &c., all the physicians with whose practice it has been my fortune to become acquainted, are in the habit of doing the same thing. Indeed, I regard that as one of the most important items in the catalogue of directions to be given in cases where the patient is of a nervous temperament, and where he has become very much prostrated by febrile or acute inflammatory disease. Where is the physician who has not seen patients, recovering from a severe attack of typhus, whose nervous system was almost paralyzed—they delirious, prostrated, exhausted, fatigued, and in every way made worse by the carelessness or heedlessness of the attendant, who has slept away the dreary hours of night, while the patient has been doing the same? That a patient, whose system has become so prostrated by disease as to render him entirely helpless, can be benefited by a *three hours nap*, which is forcing the perspiration from every pore, and producing the most laborious respiration, is a result which I have never been able to obtain in practice.

Our public Journals are the mediums through which we obtain much to guide us in the practice of our profession; and if the doctrine inculcated in the paper referred to be correct, and a safe guide for us, then let us have it backed up by evidence and sound philosophy, and I will cheerfully embrace and practise it.

P. DYER, M.D.

*Lewiston Falls, Me., Sept. 20, 1853.*

#### IMPROVEMENT IN CAUTERIZING THE THROAT.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I wish to communicate to the profession, two new modes of cauterizing the throat. The first was recently recommended to a patient affected with chronic laryngitis, by one of the oldest and most respectable of the *regular* physicians in this city. It was as follows. The patient was ordered to take a small piece of sponge and tie it to the end of a string, then dip it into water in which he had dissolved "a little lunar caustic," and then to "poke" the sponge down the throat as far as possible with his finger, and draw it out by the string!

The other mode was practised by a physician of less character and science than the first. It consisted in putting an old glove finger on one of the fingers, dipping it into "caustic water," and "swabbing" the throat with it!

When such practices as these prevail among the profession, what reason have we to complain about quackery "outside"? In both these cases, the operation of cauterizing the larynx was brought to the lowest point of degradation, and the skill of the profession to the utmost intensity of contempt, in the minds of the patients.

Whether the profession will adopt these improvements, or wait for the invention of more elegant and efficient modes, is yet a question.

*Rochester, N. Y., Sept. 21, 1853.*

M. M. RODGERS.

## TREATMENT OF YELLOW FEVER IN JAMAICA.

[JAS. PATON, Esq., Surgeon, of Kingston, Jamaica, gives, in the London Lancet of August 13, some account of the yellow fever as it has lately prevailed in that place. From the latter part of his communication we copy the following remarks on the treatment, which, it will be seen, has been attended with the same want of success there as in the southern part of our own country.]

With regard to the treatment of this dire pestilence : here the curative powers of medicine tell a pitiful tale ; all plans of treatment that ingenuity could devise were tried, with very poor success. The first I made use of was that favorite remedy for nearly all tropical fevers, and which has been so highly extolled in this—viz., large doses of calomel and quinine, commencing with twenty grains of each ; this was repeated if rejected by the stomach, and persevered with in smaller doses until sometimes a hundred grains of each had been taken. The mercurial generally acted on the bowels gently ; if not, a dose of oil was given. Strong purgatives were not admissible, as they produced rapid exhaustion. When there was tenderness over the stomach, blood was taken away by cupping, and then a blister was applied, with benefit, in relieving the symptoms. Prussic acid and soda were given to allay the vomiting, when this occurred early ; at a later stage turpentine and creosote, the latter with very good effect. Warm baths were used, and ice was continually applied to the head. A blister to the back of the neck, when symptoms indicated it. Strong stimulants were administered where there was a tendency to sink ; indeed the second class of cases require these from the first ; the best were brandy and champagne. In those cases where there was great restlessness and a want of sleep, and where the state of the brain did not contraindicate it, I have seen a full dose of Battley's solution produce an excellent effect ; the patient would get a good night's rest, and awake in the morning much revived. Those who had the third form of the disease were bled freely from the arm, with great relief at the time ; but the symptoms soon returned and baffled all skill. Indeed the treatment altogether was most unsatisfactory in its results—so much so that it led many of us to question whether medicine had any power at all over this disease. I am compelled to acknowledge that I am inclined to be sceptical on this point. I believe of those who recovered, it was more by the *vis medicatrix naturæ* than by the medicines they took. I must confess I do not think the profession should be disappointed at the quinine treatment failing, for it is decidedly a *continued fever* that its powers were tried upon, and we know from experience that it has not answered in that form of disease ; it is only where it has to contend against a malarial poison that this drug shows its great value. Seeing that the mortality was so deplorable under the above treatment, I was led to try the sweating system by means of the wet sheets and the vapor bath, or, in fact, to combine hydropathy with allopathy. Under this system more recovered, although the mortality was still fearful. The skin is a powerful agent to throw off poisons from the system, and where it acted rapidly, and the diaphoresis was profuse, the cases often did well ;

but those in which the skin kept hot and dry after repeated attempts to act upon it, generally terminated fatally. The latter is the plan of treatment I have continued to adopt for some time past, but with success far, very far from what I could wish. A great deal, nay, all, has yet to be learned of this mysterious disease before we can expect to have anything like success in curing it.

The post-mortem appearances, I regret to say, do not throw much light on the pathology of the disease. One might be led to look to the stomach as the organ mostly implicated; but in some cases there was not the slightest trace of disease here; in others there was complete disorganization of the mucous coat: these two extremes are very difficult to account for. Then, again, what changes in the system does black vomit indicate, for death generally followed it? Nearly all were doomed after this symptom set in; they sank and died from hæmorrhage, for black vomit is nothing more or less than blood mixed with gastric juice. I have often seen the blood vomited quite pure, and likewise found it so in the stomach after death. The occasion of black vomit is, nature endeavoring to throw off from the system a poison, even at the expense of the powers of life; the vital powers being low, exudation goes on rapidly from the mucous membrane of the stomach and the bowels. The blood in all cases is found fluid, dark and highly carbonized, clearly showing that the poison falls heavily on the vital fluid. The liver is found firmer than natural; at the same time it is bloodless, and always of a light lemon color; the latter peculiar to the disease. The intestines are generally healthy, but full of *the peculiar* thick, tarry secretion. The vessels of the brain in some cases were congested, and effused into the ventricles; in others these were healthy. No traces of the disease were detected in other parts of the system.

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#### SINGULAR CASE OF DELIRIUM RELIEVED BY CHLOROFORM.

BY C. J. POPE, M.D., OF ALABAMA.

WHAT I propose on the present occasion is to direct attention to the internal administration of chloroform in all cases of exaltation of vital action, dependent on nervous excitability.

The effects of this remedy in the case recorded below, although a solitary one, were so marked and salutary, that my mind was brought to the conclusion that in all similar cases its effects would be no less striking.

About the first of February I was called in haste to see a lad, of about 14 years of age, who, immediately on rising from his bed, at a very early hour in the morning, and before it was entirely light, went under the dwelling of his father for the purpose of getting the eggs out of a hen's nest, in a hole of considerable depth, scratched out by the dogs. On getting into the hole, which was in depth about two thirds his entire length, the hen, which he had not supposed to be on the nest at that early hour, flew into his face, and this circumstance, together with that of his hold breaking, on attempting quickly to recover himself, so frightened him that spasms of the most violent character were the result. I saw him in

half an hour after this happened, and at once opened the temporal artery, and bled him two ounces, which, however, had no effect in controlling the spasms. In a few minutes after the blood was stopped, I gave him an injection of tinct. lobelia. In five minutes the violence of the spasms seemed to be slightly controlled, but returned again in ten minutes more. The lobelia was again administered with the same partial effect, which lasted about the same length of time. Foiled in all my efforts thus far to arrest the spasms even temporarily, I had recourse to many other antispasmodics, but to no effect. The spasms continued for thirty-six hours, at the end of which time they passed off, and left him in a most singular state of delirium, which lasted seven or eight days without a lucid interval.

Large doses of opium and camphor would partially quiet him for an hour or two, but the delirium invariably returned. Finally, having given up all hope of his recovery, I resolved upon the following prescription: Aquæ camphoræ, ℥ ij.; tinct. valerian, ℥ ij.; chloroform, ℥ j. Mixed. Of this I gave him a tablespoonful, and in five minutes I perceived indications of quietude. I waited one hour and a half, at the expiration of which time I found symptoms of returning delirium. I then gave him a second and rather larger dose. In ten minutes he was quiet, in twenty-five minutes I had the satisfaction of seeing him in a fine sleep, which lasted all night (it being then about 10 o'clock), and out of which he awoke on the following morning, entirely restored in mind, without any consciousness of what had transpired during the eight days of his illness.

His convalescence was prompt, and his recovery perfect.—*Philadelphia Medical Examiner.*

## OXALATE OF LIME, AND ITS RELATIONS TO CERTAIN FORMS OF NEURALGIA.

BY H. A. JOHNSON, M.D.

WE are indebted for what we know of this deposit mostly to Dr. Golding Bird. From his observations he was led to the conclusion, that oxalate of lime occurs in more than one third of the cases in connection with an excess of uric acid or urate of ammonia; that in all cases, there is an excess of urea, and that it is frequently accompanied by an excess of the phosphates. He also thinks it probable, that the uric and oxalic diatheses are both produced by the same morbid influences.

Uric acid, as existing in normal urine, is, without doubt, derived from the nitrogenized tissues of the body; but when found in excess, it may usually be traced either to ingesta, which the juices of the stomach have not power to dissolve, or to a too rapid destruction of tissues under the influence of heat, &c., as in fevers and inflammation; can oxalic acid be traced to a similar source?

Dr. G. Bird has presented a very ingenious theory for the production of this acid from urea and uric acid, but there is generally an excess of one or both of these ingredients accompanying the oxalic deposits. Should we expect this to be the case, if the abnormal product was the

result of a transformation of the urea and uric acid? It seems to me not. My own observations have been limited, but I have thought, from a careful study of quite a number of cases, that, while a temporary functional disease of the digestive organs or the introduction into the digestive tube of a large amount of food, difficult of perfect solution in the juices of the stomach, will generally give rise to uric acid deposits in the urine, chronic disease of the alimentary canal, whether functional or organic, will more generally be found to exist with the oxalic diathesis.

In quite a large number of instances in which I have observed the oxalate of lime in the urine, the patients have not only been affected with dyspepsia, but have also been subject to severe attacks of neuralgia. In the first few instances, the neuralgic pains were confined to the lower extremities, and I strongly suspected that they were produced by mechanical irritation of the vesical mucous membrane from the crystals of the oxalate with which the urine was loaded at the commencement of the attack, but which, towards the termination, were replaced by an excess of the phosphates.

I have since observed neuralgic pains in the face, superior extremities and in the chest, co-existing with oxaluria, and, after carefully studying a number of cases, it seems to me evident, that the neuralgia and the urinary deposits sustain to each other an intimate relation through a common cause, viz.: the derangement of the digestive organs.

It is perhaps probable that oxalic acid, whether produced from mal-assimilated food, as I think, or, from a metamorphosis of urea and uric acid, may exist first in combination with ammonia, as Dr. G. Bird has suggested. If so, it is possible, that it may, instead of being selected by the kidneys and combining in those organs with lime, be precipitated in the tissues. The crystals of this new salt, many of them smaller than blood globules, and presenting sharp angles and edges, may thus, by mechanical irritation, act directly upon the suffering structures, producing that intense and indescribable pain, for controlling which, anodynes and narcotics have so little power.

Permit me to allude to my own personal experience. During the last few months I have been frequently annoyed by neuralgic pains, and always after eating freely of oranges. I had never been in the habit of using this fruit until during my recent visit South, but while in Natchez and New Orleans it constituted almost my only diet. I also eat very freely of it during my return home.

It is to my mind an interesting fact, that the first neuralgic pain that I ever experienced, so far as my memory serves me, was while in Natchez. Since my return I have frequently partaken of the fruit, and almost always with the same result, pains of a neuralgic character in my face, chest, knee, dorsum of the foot, &c. These facts induced me to institute the following experiment.

At 8 o'clock, A.M., I breakfasted on beefsteak, potatoes, corn bread and two eggs. After breakfast I walked two miles. At 11, A.M., the urine passed was normal in color, specific gravity 1030. After standing there was no deposit of any kind; on a careful microscopic examination I was unable to detect a single crystal of the oxalate of lime. I then

eat four large oranges ; at 1, P.M., I dined on a small quantity of roast beef, and whortleberry and green-currant pie. At 7, P.M., the urine passed was of straw color, specific gravity 1036. After standing thirty minutes, a sediment was thrown down, consisting mainly of oxalate of lime in very large beautiful crystals. I think I never saw a specimen of urine in which it existed in greater abundance, or in which the crystals were larger. It also contained urate of ammonia and an excess of urea. I placed some of it in a watch-glass, and added strong nitric acid ; in a few moments it was almost a solid mass from the crystals of nitrate of urea. The urine passed next morning at 7 o'clock had a specific gravity of 1030, and contained an excess of urea and uric acid and epithelial scales. At 11, P.M., the urine was normal. I then eat four more large oranges, and went to bed. The urine passed at 7 o'clock the next morning was loaded with the oxalates. These two experiments, one upon the urine of food, and the other upon the urine of blood, seem to me to indicate : 1st, that oxalic acid may be produced from the ingesta ; 2d, that oranges, and probably all fruits containing citric acid, may give rise to the oxalic diathesis.—*North-Western Medical and Surgical Journal.*

## CONGENITAL CONTRACTION OF THE INTESTINAL CANAL

BY S. L. ANDREWS, M.D.

IN a private letter from my friend, Dr. Baldwin, of Lahaina, Sandwich Islands, I have an interesting account of a case of congenital contraction of the intestinal canal. As Dr. B. has given me the case more in detail than is needful for your Journal, I have abridged it for your use. The child, a fine-looking, plump female, weighing  $8\frac{3}{4}$  lbs., was born Dec. 5th, 1838. The first indication of anything abnormal was the rejection of a little sweetened water given a few hours after birth. On the following morning castor oil was rejected with bilious vomiting. A judicious use of cathartics, including suppository and enemata, the latter sometimes administered through a gum-elastic catheter introduced several inches into the rectum, failed to produce any adequate evacuation of the bowels. Castor oil and other cathartics, and sometimes enemata, only excited vomiting, usually bilious. At length, the contents of the intestines, in a very offensive state, were thrown off by vomiting. All that was passed, per anum, was fragments of hardened meconium, shaped to the intestines, and amounting to several inches in length. The last fragment tapered to a point at its upper extremity. Death on the 13th.

Diagnosis, contraction of the intestine, which was confirmed by the autopsy.

The rectum and colon were about half the natural size, or perhaps a little more, except a portion in the middle of the arch, where it was reduced to about half the diameter of that on each side of it. The cœcum was natural, but for twelve inches above it the small intestine was small indeed, not larger than the narrowest tape, and the canal too narrow to admit anything solid ; the next six inches, proceeding towards the stomach, was very narrow, but contained a few small pieces of hardened

meconium. Eighteen inches above this was larger, but crowded with viscid meconium. The remainder of the intestine to the stomach was twice the natural size. The gall-bladder was large and full. The stomach and upper part of the intestine was filled with a liquid appearing like a mixture of bile and milk. The child had nursed until the last day.

The father of the child, an efficient and devoted missionary under the American Board, has disproportionately short limbs, both upper and lower. He is also afflicted with exostosis. A sister is afflicted in the same manner, and some of the children of both brother and sister have the same morbid state of the bones.—*Peninsular Journal of Medicine and the Collateral Sciences.*

### CREOSOTE IN DYSPEPSIA.

BY DR. WM. DAY, OF GLASGOW, IOWA.

I do not know as I am advancing anything new to the profession, or that any physician will agree with me in the following opinions; but I am led to communicate my ideas on this matter, inasmuch as they are new to many. I find that creosote is considered by the Dispensatory, as "irritant, narcotic, styptic, antiseptic, and moderately escharotic," to which I would add, in small quantities tonic.

I was led to try its results from an article in Braithwaite's *Retrospect*, No. 23, copied in your *Journal* of July, 1851, on the use of Creosote in Diarrhœa, which I have tried in cases of chronic diarrhœa, with inflamed stomach and bowels, and found to act extremely well.

I was called to see a lady who has suffered from dyspepsia for several years more or less, but since becoming pregnant her sufferings have become intolerable. She has also enlarged spleen, which has caused some trouble, but in an inferior degree to that of the symptoms of indigestion and irritation of the stomach. To such an extent did it proceed that her food would be rejected immediately, and in whatever form she could take it. I could not give her any opiates, for her bowels had lost almost all peristaltic action, and the most obstinate constipation existed.

What, then, was I to do? All medicine was rejected as soon as given. I now cast about to see what could be done for her relief. The article before alluded to came to my mind, and I thought that if this article is good to allay inflammatory action in one case, why not in another. I made a solution of it in a mixture of Hoffman's Anodyne, ʒ ij.; spts. nit. dulc., ʒ iv.; creosote, minims iij.; of this mixture I directed half a teaspoonful to be given every four hours, and I found on my next visit very visible amendment in the symptoms. I followed it up for several days, directing stimulating enemata to be used for the purpose of producing moderate evacuation of the bowels. I am happy to be able to say, that the result was as favorable as could be expected or desired under the circumstances.

In this case I consider the operation of the medicine to have been twofold, viz., antiseptic and tonic. There was unmistakeable evidence of a

severe inflammatory condition of the stomach as exhibited by constant emesis of every article taken into it, as well as by the tenderness on pressure. This was soothed by the medicine to a reasonable degree, and brought to a condition within the bounds of normal action. It was impossible to use a blister to produce counter-irritation, for the condition of the urinary organs showed too great a susceptibility to the use of any cantharidine appliances. Under the circumstances I was driven to seek for a new agent, and I believe I found it in creosote; and I hope that the effects in this case may lead others to test still further its therapeutic powers, in similar cases.—*West. Med.-Chir. Journal.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 28, 1853.

*Female Education.*—Every traveller from abroad, who comments upon American manners, customs, &c., speaks of the care-worn expression in the countenances of the people. A hurried way of doing and saying things, especially in New England, is a subject often presented to us through the writings of strangers. The females, we are told, are thin, sharp-featured, their muscular systems being imperfectly developed—and prone to headaches and pulmonary consumption. Of course there are many exceptions to this sweeping observation; yet physicians know very well, in regard to the women of the Northern States, that Mr. Combe was right when he stated, at a public lecture in Boston, that the education of females among us is destructive to their health and happiness. Every effort in the school room is to cultivate their minds at the expense of their bodies. They consequently have a sickly life, if perchance it is not cut off in early girlhood; they make poor mothers, are unable to nurse their children in many instances, with a tendency to some of the most distressing complaints, and disease is propagated to their children. Much of this arises from the popular mistake that young misses must study algebra, chemistry, scientific botany, Latin, and perhaps Greek and Hebrew, by the time they are fifteen, in order to become ladies. They have no frolicking girlhood—because it is plebeian to romp out of doors with freedom, as nature intended in order to strengthen and perfect their delicate organization. A knowledge of domestic economy is decidedly vulgar, and belongs to poor kitchen girls, whose red cheeks, round arms, splendid busts and fine health are perfectly contemptible. There is a kind of imagined gentility in always being under the care of a doctor, and jaunting through the country in pursuit of air, water, or expensive medical advice. Physicians deplore this wretched system, without being able to awaken the public sentiment to its destructive character. Teachers also are aware of it, and exert themselves at times to counteract the evils which their every-day lessons exert on the frail, delicate pupils under their charge; but, alas, the poison and antidote are taken at once, and they exhibit the effects of their bad treatment, aided by silk hose in January, thin shoes, the impure atmosphere of crowded rooms and the cold night air. Parents are the persons to blame, and not the instructors of their children. Young girls are put to school too early with us, and worked too hard and too long

at their studies. More active play and fewer books, pudding-making in the place of algebraical equations, with a free exercise of their feet, which were actually designed for walking, would produce a race of women in our midst, such as cannot now be found, in regard to figure, capacity and beauty. What father has the moral courage to set the example, by allowing his daughters to become the angelic creatures they were designed to be, buoyant with spirit, vigor and health, fit companions of man, and the glory of an advanced civilization? Let them gambol in the open air, and, when within doors, act out the governing instincts of their nature in manufacturing rag babies, till by means of bodily health and vigor, a foundation is laid for intellectual pursuits, and then, and not before, may they with safety begin to be exercised in abstract, educational studies.

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*Restoration of Vision.*—On a former occasion, notice was taken of exhausting cups on sale, for improving vision which has been impaired by age. Having cautioned those of the medical profession who had not seen them, against committing themselves by being duped into the belief that they may be serviceable, the subject would not have been revived, were it not certain that efforts are now being made, by interested persons, to induce people to buy a very ingenious, but at the same time dangerous instrument. Free lectures are advertised, on purpose to create a demand for these eye cups. The lecturer explains the principles of vision; his bowels yearn for the afflicted, especially those having a waning eye-sight. He portrays the greatness of the affliction, thunders his anathemas against spectacles, and warms the imagination with a prospect of instantaneous restoration to the distinct vision of youth, by the simple application of two miniature air pumps to their dim optics—and closes by opening a bazaar for the sale of his wares. This is the short of the story. Many a bad eye, we fear, will be worse than before, if subjected to the action of the Connecticut eye cups. The manufacture of wooden nutmegs, white oak cucumber seeds, or even India rubber warming pans, may be put up with, as they have no bearing on the health or physical ability of individuals; but these cups, if not held up in their true light, may hereafter be referred to as a public calamity. An eye, artificially convexed one day, and flattened by the relaxation of its own tissues the next, will be likely soon to fail. Therefore beware of the travelling lecturers, who are cruising over the country, advertising for agents to extend the cup mania, and reaping an income from the sale of not only worthless, but positively injurious articles.

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*Syringes.*—An improvement is represented to be nearly ready, in the beautiful instrument by Dr. Mattson, now in general use. One of the excellences of his syringe, which gives it a preference over every contrivance of the kind, is the perfectibility of the piston. The Mattson syringes are sure to work, not being liable to get out of order, however long they may have remained in the case; while the common wooden-handled articles, require perpetual re-packings with tow, after being a short time in service. We do not know precisely the nature of the improvement made by Dr. Mattson, but a week or two will place it at the disposal of practitioners.

A singularly shapen thing, known hereabout as the India-rubber eye syringe, is on sale by Mr. Spalding, druggist, 22 Tremont Row, Boston. A flexible globe, the size of an egg, has an ivory pipe, extremely delicate in

construction. By compressing the ball between the thumb and finger, the air is expelled, and a fluid taken up by immersing the tip of the pipe. For delicate operations, this is a very useful affair. It may be packed away in a thimble, which is another recommendation.

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*Human Heads and their Covering.*—In the lifetime of Spurzheim, and subsequently, when Mr. Combe, the learned Scotch phrenologist, was in this country, the leading conversation of the day related to the shape and magnitude of heads. A man without a head of the recognized capacity, soon lost the acquaintance of caput critics. Nothing short of a large skull, however empty, had any prospect of success. A great head is unquestionably the receptacle of more apparatus than a small one. Still, admitting the proverb to be true, that a "big head has little wit, and a little head not a bit," it becomes a puzzling consideration at times to determine which of the two is best for an ordinary individual. Our national fashion of wearing stiff, hard hats, is unfavorable to a noble cerebral development. While cloth, canvass and fur caps yield to the pressure of outward growth, hats, on the contrary, act as hoops, interfering with that degree of lateral expansion necessary in the economy of nature, who, in her steady purpose to finish a man, in common parlance, fit for market, is thus interrupted. In Germany, caps are predominant; and where the hat is substituted with them, it is usually soft and pliable as a turban. Germans have enormous heads, with corresponding powers. They excel in all departments of knowledge; and in music, poetry and the fine arts, who are their superiors? School-boys require a head-covering that has reference to the daily enlargement of the cranium. At least, we should give it a chance to grow, and on no consideration interfere with its expansion. Parents should look to this matter. It would be lamentable to lose, for the want of a woollen cap, any talent existing in embryo, that with it might have ripened into a philosopher, a general, or something else equally elevated! Proceeding upon the current doctrine of the phrenologists, we may cultivate human heads—diminishing or enlarging them, according to the varying fashions of the day. But to be serious, our heavy hats ought not to be worn by any one. They are the most awkward and uncomfortable coverings the arbitrary laws of society ever countenanced. Turks and Arabs are sensible people, in respect to covering the head. A turban is superior to every other device. In health or sickness, it is a luxury. Had those Mahommedan bigots, with their well-developed heads, been placed under proper mental discipline, and taught like Christians, they would have been surprisingly intellectual, and have demonstrated, among the best specimens of Asiatic blood, that a great head indicates great mental capacity.

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*Intemperance and the Yellow Fever.*—The following statements are of a startling nature—but they come to us in a letter from one of the first physicians in New Orleans. It is to be hoped that the observations of other medical men in regard to this point may be made known, and that the writer referred to will enter hereafter more fully into this important matter. He says—

"The epidemic came down like a storm upon this devoted city, with 1127 dram-shops in one of the four divisions in which it has been divided. It is not the citizens proper, but the foreigners, with mistaken notions about the climate and country, who are the chief supporters of these haunts of intemperance. About five thousand of them died before the epidemic touched a single citizen or sober man, as far as I can get the facts."

*Physiological Enthusiasm.*—Dr. Marshall Hall, now in Boston, is intending to proceed to New Orleans, for the express purpose of witnessing the surprising experiments of Drs. Cartwright and Dowler, on alligators. It is easier to go to the region where these monsters abound, than to transport them to scientific inquirers at a distance. A verification by Dr. Hall of the discoveries made by those bold experimenters, will give additional interest to the subject. Physiology opens a great field for contemplation. Vast as have been the acquisitions of medical scholars, the nervous system still invites further explorations, since the problem of life continues to elude their grasp. Who can demonstrate what it is? If the great reptiles of the Mississippi are to be the instrumentalities for bringing to light the hidden secret, under the knives of our learned friends, it will be a proud circumstance for our age and country.

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*Medical Companion and Temperance Advocate.*—At Yazoo City, Mississippi, a monthly periodical is published with the above title. It may be considered a worthy "medical companion" by those who have never seen anything superior. Its object is reformation; but in medicine, so far as its own pages are concerned, instead of reforming, it would carry us back to the dark ages. The following propositions, copied from its pages, are the best illustration of the views, policy and scope of this periodical.

"*Lobelia* is the most efficient remedy for fever and inflammations known. It acts specifically on the lungs, liver and skin, and promotes the general secretions. *Cayenne* is a pure stimulant—good in requisite doses, to raise the energies of the system when below a healthy standard. *Wintergreen* is a remedy for a continued flow of urine. The bark of the root of the wandering milkweed, tinctured in gin, is an excellent remedy in dropsy. Hot drops applied to recent wounds twenty-four hours, prevent inflammation and soreness."

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*Bellingham on Diseases of the Heart.*—Part I. of this important treatise was received from Dublin last week. It is a work to be desired. As soon as the remainder of the learned author's labors reach us, a definite notice will appear. Of its value, however, to practitioners, we are prepared now to bear witness.

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*Removal of Rings from Fingers.*—Dr. Newnham, after alluding in the London Lancet to Dr. Castle's mode of removing a gold ring from a swollen finger, as described in this Journal some weeks since, gives his own experience as follows:—

"The usual plan, I believe, is to divide the ring with nippers; but when the finger is too much swollen to allow of this, there is another plan, equally simple, and less alarming to the patient—*i. e.*, take a piece of common twine, well soaped, and wind it closely (and as tightly as can well be borne) from the apex of the finger till you reach the ring; then with the head of the needle or probe force the end of the twine through the ring and unwind; the ring will invariably come off with the twine.

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*The Cholera.*—The Dutch Government have just received the official notification from the Dutch Minister Plenipotentiary at Stockholm, that the Swedish Government have declared that the cholera prevails in Abo, Elsi-

nore, St. Petersburg, Cronstadt, Narrva, Reval, Riga and Copenhagen; and that the following places and territories are "suspected to be infected:"—All the the Finnian harbors from Christianstadt inclusive to the Russian frontiers; all the Russian ports of the Gulf of Finland and the Baltic, and the ports of Zealand. In consequence of the alarming progress of the cholera at Copenhagen and the environs, commissions have been formed in different towns of Jutland and Schleswig for causing hygienic measures to be adopted. The military authorities of Flensburg have directed the soldiers to observe the greatest cleanliness in the barrack and guard-houses, and have ordered that on hot days they shall neither be exercised nor employed in heavy work.—A letter dated Copenhagen, July 29th, says, "Since the day before yesterday the cholera has made considerable progress; 346 new cases, and 184 deaths have occurred in one day. The total number of cases now amounts to 4759, and the deaths to 2508. Among the victims are nine physicians, one of whom, Dr. Witthusen, formed a part of the medical establishment of the King's household; our celebrated painter, M. d'Eckenberg; Baron de Holstein, intendant of the Theatre Royal of Copenhagen; and M. Douce, a lieutenant in the navy." The St. Petersburg Journal states that cholera is at present raging in the governments of Kiew and Tolyw, and that it has also burst out in the great commercial town of Beryczew.—*London Lancet*.

*Army Medical Board.*—By direction of the Secretary of War, a Medical Board for the examination of Assistant Surgeons for promotion, and of applicants for appointment in the Medical Staff of the Army, will assemble in New York on the 1st of December, 1853, or as soon thereafter as practicable. The members of the Board are detailed as follows: Surgeon C. A. FINLEY, Surgeon R. C. WOOD, Surgeon JOHN M. CUYLER, Assistant Surgeon JOSIAH SIMPSON as junior member and recorder.—*N. Y. Daily Times*.

*Medical Miscellany.*—The late Dexter Marsh's museum at Greenfield, alluded to in this Journal some time since, consisting of a collection of animal footprints in layers of red sandstone, &c., has been sold, and the pieces brought more than they were appraised at. The whole collection will be divided between Amherst and Boston.—The death of a young woman was lately occasioned in New York, by an explosion caused by holding a light too near some extract of orange which was being poured from one can into another.—An edifice is to be soon erected in the neighborhood of New York City, by the New York Institution for the Deaf and Dumb. An estate has been purchased for \$115,000, and the work of improvement upon it is now going on.—The yellow fever is fast abating at New Orleans, but continues at Mobile—14 deaths by it taking place in the latter city on Thursday last.

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MARRIED,—In Groton, 12th inst., Dr. Norman Smith to Miss Sarah Y. Frost, both of Groton.

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*Deaths in Boston* for the week ending Saturday noon, Sept. 24th, 112. Males, 53—females, 59. Abscess, 1—accidents, 3—inflammation of the bowels, 7—disease of the bowels, 2—inflammation of the brain, 2—disease of the brain, 4—congestion of the brain, 3—consumption, 12—convulsions, 4—cholera infantum, 4—croup, 2—cancer, 1—dysentery, 10—dropsy, 1—dropsy in the head, 1—drowned, 1—debility, 2—infantile diseases, 4—puerperal, 2—typhus fever, 3—typhoid fever, 3—hooping cough, 1—inflammation of the lungs, 4—marasmus, 6—measles, 2—old age, 3—pleurisy, 1—palsy, 2—rheumatism, 1—disease of the spine, 1—teething, 13—thrush, 3—tumor, 1—unknown, 2.

Under 5 years, 55—between 5 and 20 years, 15—between 20 and 40 years, 26—between 40 and 60 years, 10—above 60 years, 6. Born in the United States, 88—Ireland, 17—Sweden, 3—British Provinces, 2—Scotland, 1—Germany, 1. The above includes 10 deaths at the City Institutions.

**MASSACHUSETTS MEDICAL COLLEGE.**—The annual course of Medical Lectures of Harvard University will commence at the Massachusetts Medical College in Grove street, Boston, on Wednesday, the second day of November, 1853. Introductory lecture by Walter Channing, M.D. The regular course will be as follows:

Obstetrics and Medical Jurisprudence, by **WALTER CHANNING, M.D.**  
 Clinical Medicine and Materia Medica, by **JACOB BIGELOW, M.D.**  
 Theory and Practice of Medicine, by **JOHN WARE, M.D.** and **MORRILL WYMAN, M.D.**  
 Pathological Anatomy, by **JOHN B. S. JACKSON, M.D.**  
 Anatomy and Physiology, by **OLIVER W. HOLMES, M.D.**  
 Principles and Operations of Surgery, by **HENRY J. BIGELOW, M.D.**  
 Chemistry, by **Professor J. P. COOKE.**

Arrangements are carried out for uniting with theoretic teaching such practical advantages as are provided by Students of Medicine. Clinical lectures are delivered at the Massachusetts General Hospital three times a week, by the Professors of Clinical Medicine and of Surgery. Surgical operations are very numerous, performed weekly in the presence of the class in the operating theatre.

Practical Anatomy is provided for by the most liberal arrangements. The Anatomical Museum is one of the largest and richest in the United States. A splendid collection of paintings is used to illustrate the surgical department. The chemical laboratory has been lately refitted, and the apparatus is extensive and new.

The Eye and Ear Infirmary and other charities are open to students.

Fees for the whole course, \$80. Matriculation, \$3. Dissecting Ticket, \$5. Graduation, \$20. Hospital and Library gratuitous.

Boston, Sept. 1, 1853.

s14—tN

**PENNSYLVANIA COLLEGE, MEDICAL DEPARTMENT.**—*Ninth below Locust street, Philadelphia.* The Faculty is constituted as follows:

**WILLIAM DARRACH, M.D.,** Prof. of the Theory and Practice of Medicine.

**JOHN WILTBRANK, M.D.,** Prof. of Obstetrics and Diseases of Women and Children.

**HENRY S. PATTERSON, M.D.,** Prof. of Materia Medica and Therapeutics.

**DAVID GILBERT, M.D.,** Prof. of the Principles and Practice of Surgery.

**JOHN J. REESE, M.D.,** Prof. of Medical Chemistry and Pharmacy.

**J. M. ALLEN, M.D.,** Prof. of Anatomy.

**FRANCIS GURNEY SMITH, M.D.,** Prof. of the Institutes of Medicine.

**WILLIAM H. GOBRECHT, M.D.,** Demonstrator of Anatomy.

The Lectures for the Session of 1853-4 will commence on Monday, the 10th of October, and continue until the ensuing 1st of March.

The Anatomical Rooms will be opened early in September, under the direction of the Professor of Anatomy and Demonstrator.

Clinical Instruction at the College, and at the Pennsylvania Hospital in the immediate vicinity.

Fees.—Matriculation, \$5; to each Professor, \$15; Graduation, \$30.

For further information, apply to

**D. GILBERT, M.D., Registrar,**  
 July 6—eoptO. No. 181 N. Ninth st. Phila

**DR. MATTSON'S NEWLY INVENTED FAMILY SYRINGE** may be used without an assistant; and by a variation of the terminal tubes, is adapted for injecting the bowels of an infant, or adult, or for any of the purposes of a "Female Syringe." Each instrument is accompanied with 6 MANUAL or DIRECTIONS, &c., containing 164 pages, and a number of appropriate illustrations. **SILVER PLATED INSTRUMENTS**, suited to nitrate of silver solutions, &c., furnished to order. Dr. **JOHN C. WARREN**, of Boston, in a letter to Smith & Melvin, says, "I have been pleased with its simplicity, and think it a valuable improvement on other articles of the kind. The publication designed to accompany it, appears to be of a useful and practical nature, and free from any tendency to empiricism." Recommended also by Dr. **VALENTINE MOTT**, of New York, and other distinguished physicians.

For sale, WHOLESALE and RETAIL, by Mark Worthley, 185 Washington street, Boston, who is appointed General Agent for New England.

Dec. 1—copyr

## BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:

<b>JOHN C. WARREN, M.D.</b>	<b>J. B. S. JACKSON, M.D.</b>
<b>W. CHANNING, M.D.</b>	<b>D. H. STORER, M.D.</b>
<b>EDW. REYNOLDS, M.D.</b>	<b>J. M. WARREN, M.D.</b>
<b>JOHN JEFFRIES, M.D.</b>	<b>CHAS. C. PUTNAM, M.D.</b>
<b>SOLOMON D. TOWNSEND, M.D.</b>	

At the annual meeting of the Committee, Aug. 3, 1853, no premium was awarded on either of the two subjects offered.

### THE QUESTIONS FOR 1854 ARE

1. On the constitutional treatment of Syphilis.
  2. On the new malignant diseases of the Uterus.
- Dissertations on these subjects must be transmitted, post paid, to **JOHN C. WARREN, M.D.**, on or before the *First Wednesday of April, 1854*.

The following subject is offered for the year 1855: "On the Diagnosis of the Diseases of the Urinary Organs."

Dissertations on this subject must be transmitted as above on or before the *First Wednesday of August, 1855*.

The author of the best Dissertation, considered worthy of a premium, on either of the two subjects offered for 1854, will be entitled to a premium of Sixty Dollars, or a Gold Medal of that value, at his option.

The author of the Dissertation for which a prize is adjudged on the subject offered for 1855, will be entitled to a premium of One Hundred and Twenty Dollars, or a Gold Medal of that value, at his option.

Each Dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the Dissertation to which the packet is attached.

All unsuccessful Dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1835, the Secretary was directed to publish annually the following votes:

- 1st. That the Board do not consider themselves as approving the doctrines contained in any of the Dissertations to which premiums may be adjudged.
- 2d. That in case of publication of a successful Dissertation, the author be considered as bound to print the above vote in connection therewith.

**JOHN JEFFRIES, Sec'y.**

Boston, Aug. 11, 1853. s7—6t

**MASSACHUSETTS MEDICAL SOCIETY.**—A Stated Meeting of the Counsellors of the Massachusetts Medical Society will be held at the Room of the Suffolk District Medical Society, Phillips Place, opposite the Stone Chapel, Tremont street, Boston, on Wednesday, Oct. 5th, at 11 o'clock, A.M.

**CHAS. E. WARE, Rec. Sec.**

Boston, Sept. 5, 1853. s7—tm

**TO THE PROFESSION.**—The Subscribers are associated for the treatment of Female Complaints. They have made arrangements for the accommodation of patients; and, to avoid interference with their other professional engagements, applications will be received at their respective residences.

If medical gentlemen at a distance should recommend patients, they will confer a favor by sending a statement of the disease and treatment.

**WALTER CHANNING, 21 Somerset st.**

**D. H. STORER, 14 Winter st.**

**C. C. PUTNAM, 41 Summer st.**

Boston, Dec. 4, 1852. dec.8—tf

**PURE COD LIVER OIL**, carefully prepared only from fresh and healthy livers, by Joseph Barnett, Apothecary, No. 33 Tremont Row, Boston.

Dr. J. C. B. Williams, an eminent English physician, after prescribing it in 400 cases of consumption (in 234 of which he preserved full notes), states in the London Journal of Medicine—"As the result of experience, confirmed by a rational consideration of its mode of action, the *pure fresh* oil from the liver of the cod is more beneficial in the treatment of pulmonary consumption, than any other agent, medicinal, dietetic, or regiminal, that has yet been employed." June 18—tf

**VACCINE VIRUS.**—Physicians in any section of the United States, can procure ten quills charged with *Pure Vaccine Virus* by return of mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the office.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## HAY ASTHMA.

BY WM. C. WEY, M.D., ELMIRA, N. Y.

IN June, 1852, I was consulted by a lady respecting a variety of disease, of which I had frequently read entertaining descriptions in books, but had never before been permitted to witness. I refer to what is commonly known as "hay asthma."

Nine years previously, at a period when innumerable flowers and grasses were appearing, and the air was laden with their aroma, the subject of this record was attacked with what was considered common catarrh, the intensity of which passed away, leaving the mucous membrane of the air-passages peculiarly susceptible to impressions of offending odors. During the summer of 1843, Mrs. B. suffered many repetitions of the catarrhal disease, which entirely disappeared after the first severe autumnal frost. Again, in the spring of 1844, on the expansion of vegetation, she experienced a return of the disorder, without for a moment imagining its re-appearance at that time as anything more than accidental, or ascribable to the changeable season and increased out-of-door employment. She was soon, however, taught by experience, that her sufferings were at all times increased by inhaling the odor of flowers, and found it decidedly painful and distressing to breathe the atmosphere of gardens and meadows. The advice of a physician in New Hampshire, where our patient resided, was sought, and all doubt concerning the nature and cause of her sickness was dispelled by his advice and information on the subject.

The following narration of the symptoms assumed in this interesting case, Mrs. B. has manifested during the spring and summer for nine successive years, and esteems her lot hard indeed, to be forbidden the pleasure of indulging her natural taste in the cultivation and arrangement of ornamental flowers and shrubs.

Early in June, frequently in May, as soon as roses and other highly odorous flowers appear, she is attacked with suffusion of the eyes, constant sneezing, accompanied by the escape of thin mucus from the nostrils—suffers exquisite pain, like neuralgia, in the orbits and brow—experiences a sensation of constriction in the chest, as if a band was tightly drawn around the waist—breathes hurriedly and anxiously—has a dry,

irritating cough, and for a longer or shorter time, depending on the continuance of the offending cause, is prostrated, confined to her bed, and wholly incapacitated from attending to her ordinary, or even commonest duties. In an hour or two, generally, there is an abatement of all the symptoms, the breathing becomes quiet and regular, the cough subsides, the feeling of suffocation is removed, and she experiences relief similar to that which follows or concludes an attack of spasmodic asthma, when the cough softens down, with an abundant and easily removed expectoration.

Paroxysms of this description were suffered in the morning, at noon, and in the evening, with great regularity, and with the single exception of the cough, a complete intermission occurred between them, and her mental and physical powers resumed again their wonted activity and vigor.

This disease or infliction is not confined to the summer months, but is developed in mid-winter and at other seasons, by inhaling the aroma of flowers. It so readily follows the least escape of floral perfume, that she cannot remain in an apartment in which flowers are preserved, as I had an opportunity of witnessing during an interview at my office. Although her evening paroxysm had subsided, and by avoiding exposure to the exciting cause of the dyspnœa, she hoped to escape further inconvenience during the remainder of the day; yet, after sitting a few minutes, I was compelled to remove from a table two or three rose-buds, which I had preserved in water, on account of the sudden development of an incessant, dry, hacking cough, similar to what she had often experienced on walking or riding through a garden.

The peculiarities of this case differ in no essential respects from the instances of the affection mentioned in works of practical medicine, and my purpose in presenting it to the Association, is to bear testimony to the efficiency of the remedy with which I succeeded in averting its disagreeable course.

The recurrence of the disease year after year, and its absolute dependence on the inhalation of gases developed by grasses and flowers, and its occasional production in the winter months, by exposure to the same irritating cause, suggested the propriety of removal from the country to the sea-shore, during the summer and early autumn months. A few years before, Mrs. B. availed herself of this promise of relief, and spent several weeks at the sea-side and on the water; but instead of yielding abatement to her sufferings, the sea air or some other agency considerably aggravated the disorder.

Considering this, it became necessary to prescribe for the relief of an affection developed and continued by a well-known though subtle cause, whose operations offered the strongest impediment to the successful employment of remedial agents. I advised avoidance, as completely as could be done, of localities highly charged with the odor of flowers and grasses, and gave hydrocyanic acid, in mucilage, to soothe and subdue the cough, which was the most prominent and troublesome symptom. Taking into consideration the *periodical* tendency of the disease, I did not hesitate to recommend the liberal employment of quinine, or some pre-

paration of arsenic, should the prussic acid prove unavailing. The prescription was as follows: Mucilage, ℥ ij.; hydrocyanic acid, m. xxx.; M. Fifteen drops every two hours. Almost immediately after commencing its use, the cough yielded, and on the following day, no paroxysm of the dyspnœa returning, she felt greatly encouraged to continue the remedy. During the remainder of the summer, part of which she spent in Elmira, and part in New Hampshire, she experienced only the slightest inconvenience from the disease, though on many occasions she rode several miles in the country, and was frequently and variously exposed to the peculiar influences which, but a short time before, never failed to develope an attack. She was never without the remedy for a day, until cold weather set in, and used it with extreme faithfulness and confidence.

Hay fever, hay asthma, summer catarrh, and "sea-cold," as my patient designated her affection, or idiosyncrasy, is considered by Dr. Elliotson as a combination of catarrh and asthma, and by Dr. Dunglison is called a "singular variety of chronic bronchitis." It is oftentimes an hereditary disease, successively appearing in parent and child, and of all maladies, is, in particular instances, the most intractable. It is aggravated by the use of fruits, by exposure, not only to the offending and specific cause, but to extremes of temperature, by excitement of mind, &c. A case is related in Dunglison's Practice, on the authority of Mr. Poyan, in which all the symptoms of the disease were produced by the smell of a guinea-pig; and I once knew a gentleman who could not remain in an apartment in which apples were preserved, without experiencing dyspnœa, headache, constriction of the chest, and other unpleasant symptoms; and another instance of an individual to whom cheese was peculiarly obnoxious, on account of the production of the same phenomena.

Respecting the treatment of hay asthma, much has been written, and various methods have been proposed. Previous to an anticipated attack, the cold shower-bath has been found especially serviceable as a prophylactic, followed by quinine and sulphate of iron, according to the plan propounded by Mr. Gordon, an English writer. In speaking of this combination, he states that it proved "eminently successful in emancipating from this tormenting disorder, two patients, whose cases he had previously related; who, in spite of all other treatment, suffered an annual return of it for fifteen years." Chloride of lime was recommended by Dr. Elliotson, to a sufferer, on the principle of its efficiency in destroying *animal effluvia*, and liberal use was made of it in the sleeping-room and other apartments of the house, with complete success. "Three patients out of five derived advantage from it." Dr. Watson suggests a trial of the *respirator*, as a defence against particles of *ipecacuanha*, and against the volatile exciting cause (whatever it may be) of hay asthma.—*Transactions Med. Association Southern Central New York.*

## ON DISEASES OF THE SKIN, IN REFERENCE TO THEIR CONSTITUTIONAL ORIGIN AND TREATMENT.

BY THOMAS HUNT, ESQ., F.R.C.S., SURGEON OF THE WESTERN DISPENSARY FOR DISEASES OF THE SKIN.

THE phraseology of medical science has changed so much of late that the term *constitutional*, as applied to pathology, familiar as it has long been to the profession, may seem to require a definition. As applied to treatment its meaning is obvious enough, denoting some mode of relieving local disease other than the direct medication of the diseased structure; but a local disease can so seldom exist *per se*, independently of some lesion of the general system, that to argue in favor of the constitutional origin, or nature of any particular local affection, may seem superfluous. Strictly speaking, indeed, there is the same kind of relation between a pimple and the constitution, as between the leap of a grasshopper and the inertia of the earth: the insect kicks the earth from him as truly as he leaps away from the earth, although the one movement is sensible and appreciated, and the other only theoretical. If a child falls into a tub of hot water, the whole surface of the body is blistered. It is a local affection, but how soon do the symptoms show that it is one in which the whole system participates. A carbuncle, an eruption of smallpox, scarlatina or measles, and an attack of erysipelas or pemphigus, are all so many illustrations of the fully-admitted truth, that a severe affection of the skin, whether caused by accident or otherwise, involves the constitution in the general disturbance. In the milder forms of skin disease the general lesion may be less obvious, but, from analogy, we are bound to conclude that it exists. If a person is inoculated for smallpox, and but one pustule appears, that pustule is preceded and accompanied by some degree of pyrexia. Nor is it possible for a pimple to be thrown out spontaneously on the surface of the body without some previous lesion, however slight, either of the solids or the circulating fluids of the general system; else we should have an effect without a cause. In like manner every cutaneous disease, whether arising spontaneously, like *lepra* or *herpes*, or whether resulting from contagion, as *scabies* or *porrigo*, either originally or ultimately involves the constitution, more or less obviously, in the changes which are taking place in the capillary system. As the brain takes cognizance of every disturbance in the extremities of the nerves, so the heart receives and reflects an impression when the minute vessels, however distant from the centre of circulation, become congested or inflamed. In fact, a sympathy exists throughout both systems and in all parts of the frame, so that every part of the body suffers with every member, and each member with the whole body, the local disease, when communicated from without, becoming the cause of the constitutional disturbance, and *vice versa*, the general cachexy, when it exists primarily, becoming, in its turn, the cause of the local affection.

I have been anxious to explain in the outset more fully than many readers may think it to have been necessary, the nature and necessity of this relation, because there are many intelligent practitioners who doubt and deny

the universality of the connection between the local and general, and a still larger number who, admitting it as a general principle, practically ignore it in the treatment of certain forms of local disease. I have, indeed, long ago ventured to publish the opinion that the difficulties attending the treatment of chronic cutaneous diseases, are mainly attributable to neglecting that vigilant attention to the state of the general health which always suggests the most correct indications for treatment. Increasing familiarity with these diseases has abundantly confirmed me in these views, and the chief purport of this paper and others which may follow, is to demonstrate by facts, and illustrate by cases, some of the multifarious varieties of disordered health, which oftentimes obscurely complicate, and not seldom originate, cutaneous disease.

The more obvious forms of deranged health which are found associated with eruptions may be classed under the heads of gout, dyspepsia, visceral congestion, plethora, anæmia, neuralgia, scrofula, syphilis, and the like. But more frequently the general disorder is less obvious, though not always less important; and to these more obscure deviations from health (to which the patient himself is often in a great degree a stranger), it will be my special object to entreat attention.

There are few maladies which give more trouble or less satisfaction to the general practitioner than *the various chronic forms of eruption which break out in schools* or other large establishments, the inmates of which partake of the same diet, breathe the same atmosphere, sleep in the same dormitory, observe the same habits, and are engaged in the same pursuits. A large number of children, say ten or twenty out of every hundred, are often found affected with a similar eruption. By cleanliness and attention the disease will often yield to local treatment, but in a short time it returns. Sometimes it assumes the form of scabies, running rapidly into pustules, sometimes of scald-head or ring-worm, sometimes of boils, whitlows or blisters. A theorist, fresh from school, well grounded in rudimentary medical treatises, will tell me that I am confounding together essentially different diseases; that scabies must be cured by sulphur, ring-worm by detergents, boils by poultices, &c.; but experienced practitioners know too well that a faithful and diligent use of these remedies, with due attention to cleanliness, will do little or nothing towards removing these diseases when they occur in schools or large domiciliary establishments. And the first thing to be done towards the treatment is to unlearn the Willanean nosology and diagnosis, to look beneath the surface, and to study the nature and causes of that *vitiating condition of the blood*, which, if it does not originate this endemic pest, renders it at least proof against local treatment and ordinary remedies. In different establishments different causes will be found in operation, and sometimes different seasons will produce a corresponding variation in the form of the disease. Thus the eruption tends one season to vesications, another to pustulation, a third to ulceration. In spring and summer the scalp is most frequently affected; in winter the hands, legs and feet.

Now, this sketch of a common form of skin disease, which must be familiar to every practitioner who has long had the charge of large boarding establishments for children, will serve to illustrate the general prin-

ciples of pathology and treatment which I am anxious to maintain. What is this gregarious cachexy which originates or sustains disease so unlike as scabies and porrigo, and others equally unlike both of them? It will be ascertained, on inquiry, that there is a common cause, and, if this cause be detected and removed, no sulphur will be required for this scabies, no specific for this ring-worm, no special treatment for these other cutaneous diseases. In one case it will be found that sixty or seventy children are sleeping in a large and lofty, but totally unventilated bed-room. In another the diet of the children is ample, but rigorously limited to certain articles of food; no meat is allowed but boiled mutton, and that only once or twice a week. In another the children (girls) are all in plump condition; but they seldom or never leave the establishment, never use their limbs as they were intended to be used, never inhale the country air or gambol in the verdant fields. In a fourth there is excessive attention to cleanliness, too much combing and brushing and scrubbing of the scalp, too much embrocation with coarse yellow soap, fit only to wash floors, too much cold bathing, and consequent want of re-action, blue lips, blue legs and feet, blue hands and arms. All this produces irregular and abnormal action in the exhalants and cutaneous capillaries, and disease follows. Other causes might be alluded to as occasionally occurring, such as exposure of one part of the body to cold or damp, through defect in the costume, insufficient bed-clothes in winter, too warm a garment in summer, insufficient food or drink, *second-rate butchers' meat, flour, butter or potatoes*, abstinence from vinegar, fruit, and other wholesome acids so essential to health, particularly in the summer season; and in almost every boarding establishment, where economy is of importance, there is *too little variety of food*. This last defect has so much to do with skin diseases, and has been so little noticed by authors, that I am tempted to dwell upon it longer than I otherwise should have thought necessary.

Man is an omnivorous animal. This circumstance is both an advantage and a disadvantage. It enables him to sustain life for a short time on almost any kind of aliment, animal or vegetable; but it likewise induces a necessity for a considerable variety of diet, or frequent change, in order that he may retain health and strength for a long time together. Chemistry has not yet detected the reason of this necessity; and as the proximate elements of animal structure are found in bread and water, as well as in milk and various other articles, it does not appear that change should be necessary at all. But it is known to all graziers and feeders of cattle, sheep, and other animals, that change is necessary and salutary for them; and much more is it for man. Patients recover under homœopathic treatment, because a rigorous system of diet is imperatively prescribed. The system is not founded on any science or principles which will bear a moment's examination. The things to be avoided are perfectly harmless and wholesome, but in the very absurdity and strangeness of the diet prescribed consists its value. It is a *great change*. The digestive organs have to pick their aliment out of a new arrangement of the elements which support animal life, and this new work is refreshing. There is more or possibly less defecation required than be-

fore ; there is more or it may be less work given to the kidneys than before. Torpid organs are aroused, wearied organs find repose, blood is supplied with less nervous exhaustion, and the brain participates in the relief and vigor of the whole system. Under these circumstances local disease often finds a spontaneous remedy either in the improved condition of the circulating fluids or in the circulation itself, and the whole mystery of this dietetic cure is nothing but the relief of change, just such a relief as is afforded by change of air, change of habits, change of country, or of pursuits. The want of change in diet is obviously a frequent cause of disease in the skin, where it occurs in large boarding-schools, where the diet is too simple, plain, restricted, and unvarying, to maintain the system in vigorous health for a long time together. Accordingly a change of diet, the more sudden and violent the better, will generally remove the most of the difficulties in the way of recovery ; and if to this be added change of air and change of habits, the muscle of the lower extremities being duly called into exercise as well as of the upper, the mysteries of the case are explained, the inveteracy of the disease is destroyed, and it yields to ordinary treatment, or even to the spontaneous efforts of the system without any medical treatment whatever.—*London Lancet.*

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#### EARLY HISTORY OF THE MEDICAL PROFESSION IN NORFOLK CO.

[Continued from page 179.]

##### CANTON.

CANTON, formerly known as Dorchester village, was settled, and a church organized in it, as early as 1717.

Dr. Belcher was the earliest resident physician ; and tradition has made us better acquainted with his skill in athletic exercises than in professional pursuits. His minister, Rev. Samuel Dunbar, had in his day a great reputation as a mighty wrestler, as well as divine. It is said that although neither the clergyman nor physician was disposed to compromise the dignity of his calling by a public trial of skill, they sometimes retired to a lone spot in the forest, and there, far removed from the public gaze, renewed the sports of their youth.

Dr. George Crossman was the successor of Dr. Belcher. He was many years Town Clerk of Stoughton, before its separation from Canton. He had a good reputation as a physician, and died Sept. 25, 1805, aged 68.

Dr. Samuel Searle, a pupil of Dr. Moses Baker of Randolph, settled as a physician in Canton about the year 1780. After a few years he removed, first to Royalston, then to Canada, where he died.

Dr. Jonathan Stone, a native of Framingham, settled as a physician in Canton about the year 1812 ; and continued to reside there in full practice, and much respected, for more than thirty years. He was a worthy Fellow of the Massachusetts Medical Society. In 1842 he removed to Belleville, Ill., where he is supposed to be still living.

Dr. Moses Baker, a native of Randolph, and son of the physician there of the same name, was in Canton several years, but removed, and

finally went to Monmouth, Me., where, it is understood, he died about twenty years ago.

Dr. Phineas M. Crane, son of Gen. Elijah Crane, after having completed his medical studies, in 1828 settled in his native town, but soon removed to East Boston, his present residence.

#### STOUGHTON.

The present town of Stoughton was incorporated as a parish in 1744.

Dr. Nathan Bucknam was the first physician. He was probably a son of Rev. Nathan Bucknam, Harvard College 1721. He married a Holmes; died young, and but little is known respecting him.

It is said that a Dr. Pope formerly resided in Stoughton, near to Easton—respecting whom, the only remaining tradition is that he refused medical fees for services rendered on the Sabbath.

Dr. Peter Adams, a native of Stoughton, was son of Rev. Jedediah Adams, Harvard College 1733. He graduated at Harvard College in 1778; was a medical pupil of Dr. Crossman and Dr. E. Wales; and from about 1780 to the time of his death in 1832, was the principal physician of the town. He died at the age of 76, universally respected.

Dr. Simeon Tucker, a native of Canton, and for a short time a practitioner there, who graduated at Brown University in 1821, and at Harvard College M.D. in 1824, succeeded Dr. Adams, and is still a resident in Stoughton in successful practice.

Dr. Charles F. Wyman, a very promising young physician, became associated in business with Dr. Tucker, but having unfortunately contracted "ship fever" in the discharge of professional duty, died of the disease April 30, 1851, at the early age of 27 years. He was universally respected, and his untimely death greatly lamented.

#### SHARON.

Sharon was incorporated as a town in 1765.

Dr. Lemuel Hewins, a pupil of Dr. Nathaniel White, of Weymouth, whose daughter he married, was probably the first physician there. In early life he had some business, which soon declined, his personal habits being unfavorable to success.

Dr. Elijah Hewins was a pupil of Dr. Young, of Boston, and a surgeon in the Revolutionary army, attached to Col. Jacob Gill's regiment. He had in Sharon, Foxborough, and Walpole an extensive practice for twenty years after the close of the war. He sustained the reputation of an upright man and good physician. His death occurred in 1827, at the age of 80; but some years previously, in consequence of a shock of palsy, he had wholly retired from practice.

Dr. Daniel Stone, who graduated at Harvard College in 1797, and was a medical pupil of Dr. Willard, of Uxbridge, was the next physician. He commenced business in Sharon, in 1800, and continued there in successful practice for more than forty years, enjoying a well-earned reputation as a physician and citizen. From the commencement of his medical life he was on principle a total abstinent from the use of all intoxicating liquors. He was social in his habits, hospitable, a pleasant

companion and a fast friend. He was thrice married, and left a widow with several children to mourn his loss. His death occurred very suddenly, August 27th, 1842, in consequence of the ulceration and rupture of a hernial appendix to the ileum, somewhat resembling the appendix vermiformis.

#### FOXBOROUGH.

Foxborough constituted originally the caudal extremity of that "serpent that turned her head northward over against Tompson's Island and the Castle." It was incorporated in 1778.

Dr. Joshua Wood appears to have been the earliest resident physician. He was a native of Sharon, a medical pupil of Dr. Elijah Hewins, and had a good reputation as a physician and citizen. He died of pulmonary disease, in 1799, at the age of 47.

Dr. Spencer Pratt, a medical pupil of Dr. Wood, succeeded him, and was for a time successful in acquiring business. He afterwards removed to Franklin, where he died.

Dr. Aaron Everett died in 1807, aged 25.

Dr. William Payson came from Walpole; was a resident in Foxborough; married a daughter of Samuel Warren, Esq., and for several years was the principal physician. He then removed.

Dr. ——— Kingsbury, was a resident here for a short period, but died at an early age.

Dr. ——— Talbot was here for a time, and then removed.

Dr. Gardner M. Peck received the degree of M.D. at Brown University in 1821, settled in Foxborough, and for some years had a wide circle of practice. He then removed to New York, and it is understood relinquished medicine as a profession for more profitable pursuits.

#### DEDHAM.

Dedham was incorporated in 1636, and originally embraced within its limits the present towns of Dedham, Medfield, Medway, Walpole, Wrentham, Franklin, Bellingham, Needham, Dover, Natick, and a part of Sherborn.

Rev. John Allin, who was settled in 1639, was the first pastor. He had a son Daniel, born in 1656, who graduated at Harvard College in 1675, and was a physician. He was for a time a resident in Boston, and also Librarian to the College, and may have occasionally prescribed for the sick in his native village. He died in 1692.

Dr. William Avery was the earliest educated physician who is known to have taken up his residence in Dedham. He came from England to Boston in 1650, with his wife Mary, and children Mary, William, and Robert. At what period he removed to Dedham, and how long he continued there, is uncertain. In 1680 he had returned to Boston; for in that year he gave £60 to the town of Dedham, describing himself in the deed of gift as of Boston, but sometimes of Dedham. In Judge Samuel Sewall's diary, it is recorded, that he died in Boston, March 18, 1686. His age was 65. A small grave-stone, in the Chapel Burying Ground, marks the place of his interment. He appears to have been well educated; a man of benevolence; and especially a patron of learning. I

have found no evidence that he left a will, but it is known that in his life-time he made liberal donations to various public charities, among which was one to the College at Cambridge.

Dr. Jonathan Avery, son of Dr. William, was born in Boston, it is said, in 1651. This may be a mistake. In his will, dated May, 1691, he describes himself as a resident in Dedham; practitioner in physick, aged about 35 years. His inventory is dated the same month. He left a wife Sybil, and three daughters. There is, among his descendants, a tradition that, being a believer in alchemy, he devoted some of his leisure hours to chemical studies; and that near the place of his former residence, heaps of cinders still remain, the product of his labors. It may be so. But to me it appears quite as probable, that the aforesaid cinders were the product of his brother Robert's blacksmith shop.

Dr. Joseph Richards was born in Dedham April 18, 1701; graduated at Harvard College in 1721; studied medicine as a profession, and settled in his native town. He was a military officer, a magistrate, and a man of respectability; but I cannot learn that he was ever extensively engaged in medical pursuits. He died Feb. 25, 1761, aged 60.

Dr. Nathaniel Ames, a native of Bridgewater, and descendant of William Ames, of Braintree, settled as a physician in Dedham in 1732. He was a shrewd, observing man, endowed with talents much beyond mediocrity; a man of strong passions and a determined will. He was much respected; was often employed in public affairs; and was found equal to every trust committed to him.

In early life he devoted much attention to astronomical studies. In 1725 he commenced the publication of an almanac, which was continued annually while he lived. This publication contained upon its cover a picture of the signs of the zodiac, rather conspicuously displayed, and secured for him among the credulous a great reputation as an astrologer as well as physician. If he did not openly profess skill in *judicial astrology*, he was not the man to disclaim the possession of such skill, when it was imputed to him by the superstition of others. On the birth of his second son, the Hon. Fisher Ames, in reply to the inquiries of a good lady as to the future destiny of the child, after a moment of apparently deep thought, he gravely said—"If he lives, that child will be the third ruler in the kingdom." Truant boys stood in great fear of him, having the impression that he could infallibly detect their roguery. On one occasion, his skill in this line was subjected to a severe test, yet without loss to his reputation. A neighboring hen-roost had been frequently robbed, yet the culprit had as often escaped detection. At length an appeal was made to the art of the astrologer. One evening, when the signs in the heavens were favorable, the boys, and among them the suspected urchin, were assembled in a dark room. The great family dinner pot was placed upon a table in its centre. All the boys were required to form a ring and march silently round this pot; and each one, on arriving at a given point, to touch it with his finger; it being understood that "old chanticleer," who was represented to be within, would respond to the touch of the robber by crowing most lustily. On completing the circle, there was no response; yet the shrewd astrologer,

calling for a light, discovered that the digital extremities of one boy gave no evidence of contact with the enchanted pot; and he, being forthwith pronounced the culprit, made immediate confession of his guilt, and thus the worthy astrologer's fame was fully sustained.

Dr. Ames possessed a great fund of common sense, as well as quiet humor, and was usually found ready for any emergency. Worthington, in his *History of Dedham*, relates an anecdote illustrative of these traits in his character. It is substantially as follows:—His first wife dying soon after the birth of her first child, and the child itself shortly after its mother, he claimed, that, as heir of his child, he was entitled to certain lands which had descended to her from the Fisher family. These lands, on her decease, having descended to her child, the question arose, whether they should ascend to the father, as heir-at-law of his child, contrary to the rule of common law. The Supreme Court, two judges dissenting, decided that they did so ascend. Dr. Ames, although successful in his suit, expressed his dislike at the conduct of the dissenting judges, one of whom was Chief Justice Dudley, “by causing the whole Court to be painted on the large sign-board of his tavern, sitting in great state in their large wigs, each judge being clearly recognized. An open book was before them, underneath which was written, ‘Province Laws.’ The dissenting judges were represented with their backs turned towards the book. The Court, hearing of the sign, sent the Sheriff to bring it before them.” The doctor, fortunately for himself, became apprised of the order just in time to remove the obnoxious sign before the sheriff's arrival.

Dr. Ames was born July 22, 1708, and died July 11, 1764, aged 56.

Dr. Nathaniel Ames, son of the preceding, was born at Dedham in 1740; graduated at Harvard College 1761; and commenced the practice of medicine in his native town as early as 1764 or 1765. He was considered a judicious physician; but owing to certain eccentricities of character, and to his fondness for political strife, he never acquired a large circle of business. He had some reputation as a scholar, and continued the almanac which his father had commenced some little time after his death. He died July 22, 1822, aged 81.

Dr. Seth Ames, brother of Dr. Nathaniel, Jr., was born in 1743; graduated at Harvard College 1764, and was a surgeon in Col. Read's regiment of the Revolutionary army. He was for a time settled in Amherst, N. H., where he was much respected. On the failure of his health he returned to Dedham, and died there January 1, 1778.

Dr. John Sprague was a distinguished physician in Dedham, and long enjoyed an extensive and lucrative practice. He was born in 1713; graduated at Harvard College in 1737; was a pupil of the celebrated French physician, Dr. Louis Dal Honde, whose daughter he married. He commenced business in Boston, and there continued to reside until after the death of his first wife. He then married Mrs. Esther Harrison, widow of Charles Harrison, Esq., a lady of fortune, and removed to Dedham, where he continued until his death in 1797, at the age of 84.

Dr. Sprague received a good medical education; was endowed with more than a common share of “natural acumen”; and being a very

careful observer of morbid phenomena became eminent among his brethren for his skill in diagnosis.\* He possessed the unbounded confidence of his patients. "Unto *him* men gave ear and waited and kept silence at *his* counsel." He was eminently successful in acquiring and retaining business; and, it has been said, not over-scrupulous in exacting a substantial remuneration for his services. He acquired a princely fortune; but it is proper to add, that one of his relatives has assured me, that this wealth was obtained more from the rise of soldiers' claims, which he largely purchased, than from the emoluments of his profession.

Dr. Joseph Sprague, Jr., was son of the preceding. After his graduation in 1772, he studied medicine, partly under the direction of his father, but chiefly in Europe. He resided for a time in Milton, then in Boston, afterwards in Dedham, where he died April 17, 1800, aged 48. His tastes and education were not exactly suited to medical pursuits, and he was never actively engaged in the duties of his profession.

Dr. Jesse Wheaton came from Rhode Island. He was a very worthy man, but received only a limited medical education. In the early part of the present century he had considerable medical business in Dedham, but soon relinquished it for other pursuits. For many years he kept an apothecary's shop in Dedham, and was much respected as a citizen. He died in 1847, aged 84.

Dr. Simeon B. Carpenter, the son of a physician in Rhode Island or the vicinity, graduated at Brown University in 1827, and M.D. at Harvard College in 1830. He settled in Dedham, acquired a good reputation and a fair share of medical business, which he retained until his death in 1843, at the age of 42.

Jeremy Stimson, our late President, is a native of Hopkinton, and son of a physician of the same name. He graduated at Harvard College in 1804, settled in Dedham in 1807, and soon acquired and for forty-five years has sustained the reputation of a scientific and judicious medical adviser. In him the "*suaviter*" and "*fortiter*" are so happily blended, that his services are as much in requisition as ever; and being in the enjoyment of good health, there is a fair prospect that he may serve his generation for years to come in the line of his favorite pursuits.

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\* As an instance of the doctor's tact in this line, the following well-authenticated and amusing anecdote may be mentioned. It seemed that his fame had extended beyond the limits of his County. A good woman in the western part of the State, desired to consult him in behalf of her husband, who had received some injury; and, that there might be no collusion, she determined herself to make the journey and see the doctor in person. Accordingly, having provided herself with a phial of the fluid by which his skill was to be tested, she set off on her errand of mercy. On her arrival at Dedham, she espied a man at work in front of a respectable looking house, and inquired if he could inform her where the famous Dr. Sprague lived; adding, that her husband had fallen down stairs, and that she had come to see if the doctor knew as much as people pretended. It happened that the house was the residence of the veritable doctor himself; and that, unperceived, he had overheard the conversation. After the worthy lady had been permitted to wait awhile, the doctor at length appeared; and waving ceremony, she thus accosted him. "Doctor, I have brought some of my husband's water, and I want you to tell me what is the matter with him; and if you can do that, I shall believe you can cure him." The doctor, after due examination, replied, "Madam, I should think that your husband has received an injury by falling down stairs." "I never!"—exclaimed the woman. "But—doctor—how many flights of stairs?" This question had not been anticipated, and he answered at random, "Two, madam." "Ah, doctor," she said, "it was three—from garret to cellar."—"But, madam," responded the doctor, "did you bring *all* the water?" "I confess I did not." "Then, madam, you have left *one* flight of stairs at home." She was perfectly satisfied, and went away astonished at a manifestation of wisdom quite beyond her power of comprehension.

Dr. Danforth Phipps Wight was the son of Rev. Ebenezer Wight, formerly pastor of the Hollis-street Church in Boston. He was born at Dedham, February 8, 1792; graduated at Harvard College in 1815, and M.D. in 1819. He commenced business at Sandwich, but has for some years resided in his native town, where he is universally respected.

In South Dedham Dr. Philip Draper, Harvard College 1780, is supposed to have been the earliest resident physician. His time was not exclusively devoted to medical pursuits. At one period he was engaged in teaching; and for a time resided in Dorchester. He died in 1817, aged 60.

Dr. Ephraim French, a native of Randolph, went to South Dedham in 1814, but died the same year of a pulmonary complaint.

Dr. Elisha Thayer, author of Thayer's Memorial, succeeded him, and remained a few years. He then removed to Dedham Centre, where for many years his time has been chiefly occupied with his duties as Postmaster.

Dr. John Kingsbury Briggs was the son of Rev. Ephraim Briggs, of Halifax. He studied medicine under the direction of Dr. Arad Thompson of Middleborough, and Dr. William Ingalls of Boston. In 1820, he received the degree of M.D. at Brown University. He settled in South Dedham soon after his graduation, and there for more than twenty years had the reputation of a worthy and successful physician. He was, for a considerable period, the subject of occasional pulmonary hemorrhage, which finally resulted in fatal disease, which terminated his life December 26, 1843, at the age of 49.

In West Dedham, with the exception of Dr. Francis Howe, the present incumbent, it is believed that no physician has ever taken up a permanent residence. He is a native of Framingham, born in 1787, studied medicine with Dr. John B. Kittredge, with whom he was for a time associated. In 1814 he took up his residence in West Dedham, and has continued there to the present time.

[To be continued.]

## CUMULATIVE EFFECTS OF DIGITALIS.

[Communicated for the Boston Medical and Surgical Journal.]

IN Pereira's *Materia Medica*, Vol. II., p. 299, we find the following remarks on the use of digitalis.

"A most important fact connected with the repeated use of small doses of it, is the *cumulative effect* sometimes observed. It has not unfrequently happened, that in consequence of the continued use of this medicine, very dangerous symptoms, in some cases terminating in death, have occurred.

"The most prominent of these were, great depression of the vascular system, giddiness, want of sleep, convulsions, and sometimes nausea and vomiting. A knowledge of its occasional occurrence impresses us with the necessity of exercising great caution in the use of this remedy, particularly with respect to the continuance of its administration and in-

crease of dose ; and it shows that after the constitutional effect has become obvious, it is prudent to suspend from time to time the exhibition of the remedy, in order to guard against the effects of this alarming accumulation."

The patient, in the following case, a lad about 8 or 9 years of age, had been laboring under scarlatina of the anginose variety, attended with great disorder of the throat, and finally suppuration of the parotid glands with profuse discharge of pus ; and had been treated with the usual anti-phlogistic course.

Convalescence was interrupted by the not unusual appearance of ascites and anasarca. These unpleasant symptoms were treated with mild purgatives, spt. nit. ether, and for two or three days the administration of gr. jss. pulv. digitalis every six hours, to promote absorption, and increase the renal secretion ; both of which objects were promptly attained.

The digitalis had been suspended for forty-eight hours, and the patient considered safe, when I was called in great haste, as he was thought to be dying. I found him in a comatose state, with coldness of the extremities, great prostration, and, when roused, evident disorder of vision and a peculiar oscillating movement of the eyes. He complained of pulsating frontal headache, had some nausea and vomiting, and profuse diuresis. He had frequent epileptic convulsions, during which the muscular contractions seemed to correspond with the oscillating movement of the eyes. The pupils were dilated, but still sensitive to the effects of light. The pulse was not much reduced in frequency, but somewhat irregular.

Under these circumstances my venerable friends, Drs. Socrates Smith and Hasseltine, were called in consultation. We administered antispasmodics and anodynes, applied sinapisms to the spine and extremities, and cold on the head. Although the little patient at times seemed *in articulo mortis*, the symptoms gradually abated, and in the course of a few days quite disappeared. After this the convalescence was uninterrupted.

It is earnestly hoped that some of the profession, who may have had experience in similar cases, will attempt the solution of the following queries :—

1st. Were the above unpleasant symptoms the *cumulative effects* of the digitalis, not a grain of which had been administered within forty-eight hours of their occurrence ?

2d. Do we possess any *antidote* to its effects ?

*Rush, N. Y., Sept. 27th, 1853.*

C. B. GALENTINE.

#### DEATH OF JUSSIEU.

To the necrological record of this year, which already includes so many scientific celebrities, must be added a name which has been illustrious for two centuries. Adrien de Jussieu, the fifth of that scientific dynasty, which commenced under the reign of Louis XIV., with Bernard de Jussieu, who laid down the principles of the *natural method* in botany, and Antoine Laurent de Jussieu, who established this system on an im-

perishable basis; Adrien de Jussieu, the celebrated botanist, the President of the Institute of France, died on the 20th of June. "I have heard," says M. Ampere, in an obituary notice, which we find in the *Journal des Debats*, "I have heard the botanists of England, of Germany, of Italy, express their profound admiration for the writings of Jussieu, who has found means to add to the glory of his illustrious name. When I met Asa Gray, the eminent American botanist, he was carrying home with him, in preference to any other, the portrait of this savant, whose loss will be as acutely felt at Boston as at Paris. Such suffrages are a prouder homage than any eulogy of mine."—*Virginia Medical and Surgical Journal*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 5, 1853.

*Dr. Williams of Deerfield, and the Franklin District Medical Society.*—We have already alluded to the complimentary proceedings of the Franklin County Society, on the occasion of the resignation of its president, Dr. S. W. Williams. Dr. W. is so well known and so much respected in this his native State, that on his removal from among us it seems highly proper that the proceedings referred to should be fully recorded in the *Journal*, and we take pleasure in giving them below:

The President, DR. WILLIAMS, on taking the chair, announced his intention to withdraw his connection from the Society, in consequence of the contemplated removal of his residence, whereupon the following preamble and resolutions were unanimously passed:—

*Whereas* the Fellows of this Society have heard with regret the determination of Dr. Williams, just expressed, therefore

*Resolved*, That we cordially recommend him to the favorable notice of all kindred bodies, as an exemplary associate; and to the public, as a competent physician and surgeon, well versed in the principles of science and learning, and a gentleman of unimpeachable character.

*Resolved*, That this Society express its regard for Dr. Williams by presenting him a gold watch.

*Resolved*, That he be requested to give to this Society a sketch of his professional life.

Agreeably to the second resolution a fine gold watch was presented Dr. Williams by Dr. J. Deane, accompanied by the following remarks:

"SIR:—In behalf of the Fellows of this Society I present you this gold watch as an expression of our regard for your character as a gentleman and physician. By your varied attainments in learning and science, and by your urbanity and punctilious decorum, you have ever won our confidence and respect, and it cannot but be gratifying to you to know that in all the intimate relations that have so long and so uninterruptedly existed between us, we have never entertained a suspicion of your integrity or your honor. It is therefore with sincere regret on our part that these relations are to be severed; but in going from us, you will unquestionably bear with you our fraternal sympathies and good will. Through the remainder of your useful life, do not doubt that these friends will, while they live, cherish your memory

and exult in your prosperity. With these sentiments we offer you this parting gift, with the hope that it may measure to you many years of health and happiness and honorable age."

The reply of Dr. Williams was as follows :

"Gentlemen:—I can scarcely give utterance to my feelings for the elegant gift of this gold watch as a parting token of your affection, and for the flattering expressions of your regard for me. Next to the approbation of God and my conscience, is that of my professional brethren, for, in the language of Burton, 'none but a physician can judge with regard to the qualifications of a medical man.'

"When I shall look upon this acceptable present,—and it will be my constant companion,—it will not only remind me of the rapid flight of time, but also of your endearing friendship which I can never forget. With most of the Fellows of this Society I have long been on terms of intimacy, and I trust we shall part with mutual good will. My warmest thanks are due to you all for the distinguished honors you have conferred upon me, and for the confidence with which you have accepted my counsels and advice.

"This Society is dear to my heart. For many years I have exerted myself to establish it, and it affords me the highest pleasure to know that I leave it in the keeping of gentlemen who will honor it and themselves by their fidelity to it.

"From early life I have been devoted to the profession of medicine, and my love for it has been unquenchable; I early put on the professional armor, and have labored unceasingly and I hope not unsuccessfully. I shall yet wear it (and perchance die in it) on the lovely prairies of the West, and I shall look back upon your friendship with unmingled satisfaction and delight. In tearing myself away from my beautiful native town where I have resided more than sixty years, I feel that the ligaments of my heart are broken; but the calls of duty urge me, and they are imperious."

In accordance with the last resolution, Dr. Williams gave a highly interesting account of his professional career, a copy of which was solicited for the archives of the Society.

The usual address was delivered by Dr. Cooke of Wendell, which was received with zest and instruction and with the thanks of the Fellows. His subject was *Medical Delusions*.

The meeting was closed by a discussion on Dysentery, in which most of the Fellows participated, and was followed by a very excellent dinner served with taste and attention by the gentlemanly proprietor of the Shelburne Falls House. After requesting the editors of the Boston Medical and Surgical Journal and of the Greenfield papers to publish these proceedings, the Fellows separated, delighted with their interview, not forgetting, however, that it was the last at which the venerable President would preside.

The watch was a heavy, full jewelled English lever, of the value of \$100, and was purchased of Mr. Josiah Day. It bore upon its outside the following inscription :

STEPHEN WEST WILLIAMS, M.D.

President

Franklin Dist. Med. Society.

From the Fellows,

Sept. 7,

1853.

*Diseases of the Heart.*—Those who keep up with the current medical literature of the day, will recollect a series of clinical lectures by Dr. Bellingham, of St. Vincent's Hospital, in the Dublin Medical Press and the London Medical Gazette, where they appeared as they were delivered. They were so well received by medical men at the time, that the author was induced to revise his labors, append new matter, and bring out a separate work. As mentioned last week, the treatise is divided into two parts, the first of which only has been received. Very full descriptions are contained in it of the healthy heart, in every condition in which it has been examined, including its size, weight and capacity, its motions, sounds, &c. Then follows physical signs, accompanied by practical observations on auscultation. Dr. Bellingham is also very instructive in regard to the examination of the heart in disease. Its impulse, turgescence, pulsation of the jugular veins, fremissement cataire, signs furnished by percussion, &c., are most carefully noted. Alterations of the normal sounds, pericardial friction, endocardial murmurs, sawing, filing and grating valvular sounds, together with venous and arterial murmurs, are very distinctly explained. One of the chapters treats of palpitations, epigastric pulsations, angina pectoris, and the pulse in cardiac disease; another refers to secondary symptoms of cardiac disease; and the 9th and last enters upon the causes, progress and termination of diseases of the heart. We have been thus particular in showing the materials that constitute this elegant octavo of 252 pages, from the press of Faunin & Co., Dublin, as in no country is the human heart put to harder service, than in the commercial cities of the United States. The intense excitement to which commercial men are subjected, superadded to the hot-haste temperaments of so many of the business people, who are impatient to be rich, often leads to a derangement of the functions of the heart. From the difficulty of acting directly upon the seat of the disease, medication is worse than nothing, without an accurate knowledge of its structure, and its action in sickness as well as in health; and hence we are desirous that physicians every where should have the benefit of this excellent production.

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*Spermatorrhœa Rings.*—Quite a revolution has been effected in New England, in less than a year, by the use of a mechanical invention, instead of medication, in the treatment of a formidable malady. Heretofore, tonics, accompanied by a long series of auxiliary assistants, such as jaunts, horseback, sea bathing, a regulated diet, besides innumerable preparations of drugs, have been prescribed to arrest the effects of spermatorrhœa, but rarely with any permanent success. It is a condition resulting, in most instances, from the indulgence of a pernicious vice. In prisons, self-pollution is nearly universal, and no ingenuity on the part of wardens or attending physicians has prevented it for any length of time. Some suffer intensely, and even die, from excessive indulgence in this vice. Schools, too, and colleges, are often the nurseries of this degrading habit, which carries many young men to an early grave, often without the true cause being suspected. The weak eyes and continued headaches so common among students at public institutions might in many instances be traced, if effort was made in the right direction, to this perpetual violation of a physiological law. The rings, which this Journal was the first to announce, are a sure remedy for involuntary forms of the disease. Physicians are eminently successful with them. In the State Prison at Charlestown, where Dr. Bemis has given them a thorough trial, we understand they have performed many cures.

In private practice, also, testimony from the most reliable sources might be cited to strengthen the medical public's confidence in this simple and only effectual relief in these cases. Dr. Cheever has shown us another improvement of the instrument. It is far lighter than the former patterns, and the middle ring is better balanced in the centre of the large one. The simplicity of the adjustment to any sized organ, makes it more economical, too, which is a consideration not to be overlooked. We admire the ingenuity displayed in the manufacture, and predict, from the great success that marks their application to severe and long-protracted cases of individual suffering, that the rings will be very extensively used in other parts of the world as well as in America.

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*Medical College Circulars.*—These are coming in pretty freely—and among them we discover several new medical schools, showing that it is becoming quite a business to create these institutions. All of the old, established colleges, excepting the one at Geneva, N. Y., are well prepared for the coming lecture season. Among the number is our Massachusetts Medical College, and the school connected with Yale College in Connecticut. Neither of these make any showy pretensions, but both are sound and thorough, and have the confidence of the public. At Baltimore, the Dental College is always on the gain. The new building possesses superior advantages, and students will have better accommodations than in any former year. From appearances the strife for patronage will be active among competing schools, and a larger number will be in attendance than at any former session.

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*Contagiousness of Yellow Fever.*—Meeting a medical gentleman of this city, the other evening, he remarked that it was rumored the Medical Journal had adopted the old exploded doctrine of the contagiousness of yellow fever, which every reputable physician in America, and for aught he knew to the contrary, in other countries, had set his face against long ago. He misapprehended the character of the article which gave rise to the remark. We said, and we now repeat it, that throughout Europe, and certainly in every municipal corporation in the United States, no regard whatever is paid to the opinions of physicians on this subject. The people pursue a course that experience demonstrates to them to be necessary to protect themselves, and secure the public health, in direct opposition to learned theories and high professional authority. We are deeply mortified at this lack of confidence in professional judgment. Last week the physician of the quarantine establishment in Philadelphia, together with the quarantine officer, were indicted, or prosecuted, we are not certain which, for permitting a vessel to go up to the city that was considered infectious, by which means the yellow fever was introduced, causing the death of several persons. This proceeding, by the public authorities, will give the medical gentlemen of Philadelphia an opportunity to show their philanthropy in saving a brother from an unrighteous persecution, while they can at the same time, if ever, prove the truth of the doctrine of non-contagion. With a mighty array of medical talent on his side in the acknowledged medical centre of the Union, if Dr. Stokes is broken down and loses his office for practising according to the doctrines taught by the faculty, it will be an additional proof at least of the unpopularity of the doctrine. The facts at New Orleans, on the Mississippi River, at Havana, and in South America, seem also to be arrayed against it.

*Yellow Fever in Mobile.*—The first report was made by the Board of Health in this city on the 20th of August, and during the twenty-five days from that day to the 13th of September inclusive, it numbered 491 victims. Another statement, which includes cases which occurred before the official report commenced, and extends to the 16th of September, makes the number of deaths by yellow fever from the 1st of August to the latter date, 611. The population left in the city was estimated at from 5000 to 7000, making the mortality very great.—*New York Medical Times.*

*Medical Miscellany.*—The editor of the American Whig, at Taunton, copies the article from this Journal on Perpetual Thirst, and says " *We have seen Mr. Webb put a gallon of water away at one draught.*"—Cholera is extending in Berlin, Prussia.—The sixth annual circular and report of the Female Medical College of New England, has been published.—Smallpox is evidently springing up at several points in the country. Why will the people hazard their lives, and so many throw themselves into the arms of death, when there is a perfect, easy and certain protection.—A child in Somerset, Conn., lately died from eating colored candy.—Dr. M. H. Gray is candidate for the mayoralty of San Francisco.—Dr. Stokes, the Quarantine Physician of Philadelphia, is likely to have some difficulty with the city authorities, on account of allowing a vessel to go up to the town, which carried disease.—Dr. Wm. C. Lane is the delegate elected to Congress from New Mexico.—Dr. Curtis, editor of the Physico-medical Recorder, Cincinnati, offers, as an inducement to subscribe for his Journal, to send a lithographic profile of himself, at one dollar.—Dr. William Wheeler has been elevated to be chief of the naval bureau of medicine and surgery.—Dr. Kelly is about resigning his office as one of the physicians at Blackwell's Island Penitentiary, N. Y. A fine opening is thus made for applicants.—Dr. T. J. Trundle, of Union, Boone Co., Ky., has been arrested, accused of kidnapping slaves.—The Geneva Medical College, in western New York, is said to have died a natural death, only seven students appearing when the lectures were to commence.—Dr. Wm. Hunter, now in prison at Camden, N. J., is accused of having four wives. Report says he has had as many as twenty in different parts of the country, and yet he is but 28 years old.—The class of students at the old and popular Medical College at Albany, is said to be larger than at any former period.

To CORRESPONDENTS.—Papers have been received on—Medical Matters in Minnesota Territory; Artificial Limbs; and Galvanic Supporters.

DIED.—At South Boston, Dr. D. McGowan.—In California, Dr. Wm. K. Reese, killed by the Indians.—In New York, Dr. Osborn, in consequence of being attacked by a gang of rowdies in the street.—Dr. Griffiths, Assistant Surgeon of the 16th U. S. Regiment.—At Churchville, N. Y., Dr. George C. Howard, by suicide, aged 40. He leaped from a bridge.

*Deaths in Boston* for the week ending Saturday noon, Oct. 1st, 110. Males, 59—females, 51. Accidents, 5—apoplexy, 1—inflammation of the bowels, 3—disease of the bowels, 2—consumption, 16—convulsions, 2—cholera infantum, 7—croup, 6—dysentery, 17—dropsy, 4—dropsy in the head, 3—drowned, 1—infantile diseases, 5—puerperal, 2—exhaustion, 1—erysipelas, 1—fever, 2—hooping cough, 3—disease of the heart, 3—hemorrhage, 1—inflammation of the lungs, 3—marasmus, 2—measles, 1—old age, 2—peritonitis, 1—palsy, 1—pleurisy, 1—scrofula, 1—syphilis, 4—teething, 8—unknown, 3—worms, 1.

Under 5 years, 49—between 5 and 20 years, 9—between 20 and 40 years, 31—between 40 and 60 years, 9—above 60 years, 12. Born in the United States, 67—Ireland, 30—British Provinces, 2—England, 3—Sweden, 3—Germany, 3—Azores, 1—West Indies, 1. The above includes 10 deaths at the City Institutions.

**CASTLETON MEDICAL COLLEGE.**—There will be annually two full Courses of Lectures in this Institution; the *Spring Session* commencing on the last Thursday in February, the *Autumnal Session* commencing on the first Thursday in August. Each course will continue four months, under the direction of the following faculty.

**JOSEPH PERKINS, M.D.,** Prof. of Materia Medica and Obstetrics.

**EZRA S. CARR, M.D.,** Prof. of Chemistry, and Natural History.

**WILLIAM SWEETSER, M.D.,** Prof. of Theory and Practice of Medicine.

**MIDDLETON GOLDSMITH, M.D.,** Prof. of Surgery.

**WILLIAM C. KITTRIDGE, A.M.,** Prof. of Medical Jurisprudence.

**CORYDON LA FORD, M.D.,** Prof. of Anatomy and Physiology.

**ADRIAN T. WOODWARD, M.D.,** Demonstrator of Anatomy.

**Fees.**—For each full Course of Lectures, \$50. For those who have attended two full Courses at other Medical Colleges, \$10. Matriculation, \$5. Graduation, \$10. Board, including the expenses of room, fuel and lights, can be obtained in respectable houses at from \$1.75 to \$2.50 per week.

Castleton is accessible from Albany, via White Hall, and from Boston and Burlington via Rutland, by Railroads. **E. S. CARR, M.D., Registrar.**

Castleton, Vt., June 1, 1853. jy6—ewtAewtf

**UNIVERSITY OF NEW YORK. MEDICAL DEPARTMENT.**—The lectures in this department will commence on Monday, the 17th of October, and terminate on the last day of February.

**VALENTINE MOTT, M.D., LL.D.,** Emeritus Prof. of Surgery and Surgical Anatomy, and Ex-President of the Faculty.

**MARTYN PAINE, M.D.,** Prof. of Materia Medica and Therapeutics.

**GUNNING S. BEDFORD, M.D.,** Prof. of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.

**JOHN W. DRAPER, M.D.,** Prof. of Chemistry and Physiology.

**ALFRED C. POST, M.D.,** Prof. of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

**WILLIAM H. VAN BUREN, M.D.,** Prof. of General and Descriptive Anatomy.

**JOHN A. SWETT, M.D.,** Prof. of the Institutes and Practice of Medicine.

**WILLIAM DARLING, M.D.,** Demonstrator of Anatomy.

**GEORGE A. PETERS, M.D.,** Prosecutor to the Prof. of Surgery.

**ALEX. B. MOTT, M.D.,** Prosecutor to the Emeritus Prof. of Surgery.

**JOHN W. DRAPER, M.D.,** President of the Faculty.

The fee for the Lectures is \$105. Matriculation, \$5. Graduation, \$30. The dissecting room will be open from Oct. 1st, fee \$5. There will be five Cliniques every week. Board from \$2.50 to \$3 per week.

Letters may be addressed to Professor DRAPER, President of the Medical Faculty, University, New York. Aug. 10—t021

**NEW HAVEN MEDICAL SCHOOL FOR PRIVATE INSTRUCTION.**—The first term will commence the first week in March, and close the last of July. The second will correspond with the Lecture Term of the Medical Institution of Yale College, beginning the last week in September and continuing four months.

**JONATHAN KNIGHT, M.D.,** President.

**S. G. HUBBARD, M.D.,** Treasurer.

**W. HOOKER, M.D.,** Sec'y.

INSTRUCTORS.

**JONATHAN KNIGHT, M.D.,** Institutes of Surgery.

**CHAS. HOOKER, M.D.,** Anatomy and Physiology.

**HENRY BRONSON, M.D.,** Materia Medica.

**NATHAN B. IVES, M.D.,** Midwifery and Diseases of Females.

**WORTHINGTON HOOKER, M.D.,** Theory and Practice of Medicine and Diseases of Children.

**PLINY A. JEWETT, M.D.,** Surgery.

**STEPHEN G. HUBBARD, M.D.,** Pathology and Medical Jurisprudence.

**Fees**—to be paid in advance—For the Summer Term, \$40; Winter Term, \$10; for the Year, \$50. New Haven, Feb. 25, 1853. mch 2—eww

**SYRUP IODIDE OF IRON**—Manufactured and sold by **PHILBRICK, ATWOOD & CO.,** Chemists, 160 Washington st., Boston. sep. 7

**UNIVERSITY OF NASHVILLE, MEDICAL DEPARTMENT.**—The third Annual Course of Lectures in this Department will commence on Tuesday, the first of November next, and continue till the first of the ensuing March.

**PAUL F. EVE, M.D.,** Principles and Practice of Surgery.

**JOHN M. WATSON, M.D.,** Obstetrics and the Diseases of Women and Children.

**A. H. BUCHANAN, M.D.,** Surgical and Pathological Anatomy and Physiology.

**W. K. BOWLING, M.D.,** Institutes and Practice of Medicine.

**C. K. WINSTON, M.D.,** Materia Medica and Medical Jurisprudence.

**ROBERT M. PORTER, M.D.,** General and Special Anatomy.

**J. BERRIEN LINDSLEY, M.D.,** Chemistry and Pharmacy.

**WILLIAM T. BRIGGS, M.D.,** Demonstrator of Anatomy.

The Anatomical rooms will be opened for students, on the first Monday of October.

A full *Preliminary course* of Lectures will be given by the Professors, commencing also on the first Monday of October.

The Students will have free access to the State Hospital.

Fee of each Professor, \$15. Matriculation ticket, \$5. Dissecting ticket, \$10. Graduation fee, \$25.

Good board can be obtained in the city at from \$2.50 to \$3 per week. Further information may be obtained by addressing

**J. B. LINDSLEY, M.D.,** Dean.

Nashville, Tenn., June, 1853. je22—tnov.

**MEDICAL DEPARTMENT OF THE ST. LOUIS UNIVERSITY.**—The regular Lectures in this Institution will commence on the first day of November next, and continue until March ensuing. A preliminary course at the College, as also Clinical lectures at the Hospitals and Dispensary, will be delivered without extra charge, during the month of October.

**M. L. LINTON, M.D.,** Prof. of the Principles and Practice of Medicine.

**A. LITTON, M.D.,** Prof. of Chemistry and Pharmacy.

**CHARLES A. POPE, M.D.,** Prof. of the Principles and Operations of Surgery, and Clinical Surgery.

**M. M. PALLEN, M.D.,** Prof. of Obstetrics and the Diseases of Women and Children.

**R. S. HOLMES, M.D.,** Prof. of Physiology and Medical Jurisprudence.

**W. M. MCPHEETERS, M.D.,** Prof. of Materia Medica and Therapeutics.

**CHARLES W. STEVENS, M.D.,** Prof. of General, Descriptive and Surgical Anatomy.

**J. B. JOHNSON, M.D.,** Prof. of Clinical Medicine and Pathological Anatomy.

**E. F. SMITH, M.D.,** Demonstrator of Anatomy.

The most ample opportunities for clinical instruction, both in medicine and surgery, are afforded free of charge in the St. Louis Hospital, as also in the City Hospital, the marine wards and the O'Fallon Dispensary. This last charity alone presented two thousand cases during the past session. Anatomical material in great abundance.

**Fees**—for the entire course, \$105. Matriculation ticket (paid but once), \$5. Dissecting ticket, \$10. Hospital tickets gratuitous. Board from \$10 to \$12 per month.

Students or others, desiring further information, can either address the Dean, and he will forward them a descriptive pamphlet, or on arriving in the city, call upon him at his office, 123 Locust street, three doors in rear of Odd Fellows' Hall; or on the Janitor, at the College, corner of Seventh and Myrtle streets. **CHAS. A. POPE, M.D.,** Dean.

St. Louis, July, 1853. al7—t

**TO SURGEONS.**—Every Instrument used in Surgery, P. Kegler & Co. can now furnish, with the assurance that they can give the utmost satisfaction. Sets of Instruments, such as Surgeons' Pocket Cases, of the best English, French and American manufacture; also, Amputating, Trepanning, Post-mortem, Dissecting, Obstetrical, Cupping, Strabismus Cases, &c.; and every Instrument, single or in sets, at the lowest prices. All instruments are fully warranted. Any Instrument not on hand, can be made to order, or imported, in the shortest possible time. Old Instruments can be ground and polished in the neatest manner. Orders from the country will receive immediate attention, and a liberal discount will be made to the trade.

**P. KEGLER & CO.**

Ap6.—eoptf. 128 Washington street, up stairs.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XLIX.

WEDNESDAY, OCTOBER 12, 1853.

No. 11.

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## PHYSICIANS, THE CLIMATE, AND DISEASES, IN MINNESOTA TERRITORY.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Your Journal reaches me here in the far North-west, forming the only link that connects me with the medical brotherhood in the East and South, and it affords me much pleasure to read its pages. Its perusal causes the return of that disease which has occasionally afflicted me at the East—called, in plain English, the *writing madness*. The effects of a paroxysm, you can trace in the scribblings that follow.

On the 23d of July, 1853, the first medical society was organized in this Territory, and christened, "The Minnesota Medical Society." Considering that there are scarcely twenty regular physicians in the Territory, the meeting was well attended, matters were discussed in a friendly manner, and the following officers chosen:—Dr. Potts, of St. Paul, *President*; Dr. Ames, of Minneapolis, and Dr. Murphy, of St. Anthony, *Vice Presidents*; Dr. Anderson, of St. Anthony, *Recording Secretary*; Dr. Goodrich, *Treasurer*; Dr. Mann, *Corresponding Secretary*; and Drs. Day, Dewey and Finch, *Censors*. The last five officers are residents of St. Paul. Though few in numbers, we mean to do what we *can* to sustain and advance medical science in this new Territory; and we hope to receive the *good wishes* at least of the older societies in the States.

Though Minnesota, from present appearances, seems to be the healthiest portion of our country, yet, as it is attached to a world cursed by sin, disease and death are here; and the true physician can find problems enough to solve, and subjects enough for patient study and investigation. The effects of our pure bracing air, and even-tempered seasons, on the tuberculous emigrant from the fickle climate of New York or New England, or on the jaundiced victim of malaria from the States below and east of us, afford ample scope for research. Here, too, we can watch the effects of the blending of races. We have here the half, quarter, and all degrees of Indian blood; mixed with the Anglo-Saxon, French, Celtic, &c. Minnesota is rich, too, in botany, mineralogy, and the kindred natural sciences, in which physicians are usually interested. Upon some of these, and many other points, we hope our Society at its

succeeding annual meetings will throw some light, and in such a shape that benefit will follow.

It is useless for me to speak of the scenery of our Territory, for our summer tourists have written of our beautiful landscapes, water falls, lakes, rivers and prairies, till Minnesota seems to many like Dreamland. But aside from all this, we have a rich, productive soil, a healthy climate, with a surface of country sufficiently diversified with hills and valleys, prairie and woodland, to suit the varied tastes of the emigrant; and here, if anywhere in the great West, will persons from the eastern States be suited, if in search of a *home*. Many are coming here in search of health, from nearly every State in the Union; but how far broken-down constitutions may be recruited here, with the exposures and privations incident to a new country, time alone will fully show. At present, however, many report themselves as very much benefited. That persons in sound health can live here as long as anywhere else, or a little longer, I have no doubt. We are so far removed from the ocean and large lakes, also from high mountain ranges, that the seasons are but little disturbed in their accustomed round. Summer moves along steadily, with but few sudden changes; and in autumn, when, at the East, winter and summer are quarrelling for weeks, with a dash of summer one day and of winter the next, we have here our quiet, modest Indian summer, passing quietly along, till old winter takes possession by throwing his robe of snow over all. Our winter is a genuine winter, almost entirely exempt from those *thaws* which in New England are so productive of pneumonia, pleuritis, rheumatism, consumption, &c.

In regard to consumptives removing here, they will no doubt be benefited if the disease is not too far advanced; provided they have the means to avoid the exposures of a frontier life, and can make themselves as comfortable as at home. Take, for example, a large class, who are able to keep about and attend to business, but whose lungs contain more or less tuberculous deposits, ready to take on inflammation or ulceration, with every change of weather, unless the system is guarded and protected with especial care and attention. These usually disregard the opinion of the honest physician, that medicine can do but little for them, and that diet, regimen and pure air can do much; and commence devouring quack medicines, "*warranted to cure consumption*"!! Each new remedy makes them *feel* better, and they are *quite sure* it is curing them, until the physician is again called, not to cure them, but to alleviate their sufferings, and smooth the passage to the grave. Now if such will come out to Minnesota, I will not *warrant a cure*, for many had rather die than get well without medicine; but I *will warrant* that our climate will do them more good than all the patent medicine manufactured since the time old Beelzebub offered a dose to our first parents. For those who are in the last stages of consumption, I have no advice, for I have long been of the opinion that for such, "there is no place like *home*."

In conclusion, I will say, that if physicians or others have any particular questions to ask in regard to Minnesota, I will answer them with pleasure.

*St. Paul, Min. Ter., Sept. 21, 1853.*

W. W. FINCH, M.D.

## EARLY HISTORY OF THE MEDICAL PROFESSION IN NORFOLK CO.

[Continued from page 205.]

## DOVER.

DOVER, originally a part of Dedham, was incorporated in 1784. The only physician who has resided in Dover for any length of time, so far as I have been informed, was Dr. George Caryl.

Dr. C. was a native of Dover. His father was Rev. Benjamin Caryl, and his mother Sarah Kollock, widow of Dr. Cornelius Kollock formerly of Wrentham. He was born in 1767; graduated at Harvard College in 1788; studied medicine with Dr. Samuel Willard, of Uxbridge; settled as a physician in Dover in 1791 or 1792, where he died August 9, 1829, aged 62.

## MEDFIELD.

Medfield was incorporated January 1, 1650.

Rev. John Wilson, who graduated in 1642, in the first class in Harvard College, was installed pastor in Medfield in 1651, and united in himself the triple office of school-master, preacher, and physician. He died August 23, 1691, aged 70, having preached all day on the Sabbath preceding his death.

Dr. Joseph Baxter, son of Rev. Joseph Baxter the second minister of Medfield, graduated at Harvard College in 1724. He studied medicine, and died of smallpox, but the time and place of his death I have not ascertained.

Dr. James Jerauld came from France. He settled in the easterly part of Medfield, before 1733, and had a large landed estate there, which he cultivated with slave labor. He was for many years extensively and successfully engaged in the practice of medicine, and died October 25, 1760.

Dr. James Jerauld, 2d, was nephew of the preceding; was adopted as a son and educated by him, and settled in the same place. He became eminent in his profession. He was some time in public life, having been elected a delegate to the Massachusetts Convention for forming a constitution in 1779. He married an Arnold, from Providence, R. I., and left six children. He died March 28, 1802, aged nearly 80.

Dr. Elias Mann was the son of Sabin Mann, Esq. He graduated at Harvard College in 1800, M.B. 1805, and after a short but brilliant career, died March 9, 1807, aged 29.

Dr. Lothario Donielson was a native of Brimfield, studied medicine with Dr. Ebenezer Phillips, of Charlton, and settled in Medfield before 1800. In 1826 he removed to Rochester, N. Y., thence to Michigan, where he died June 21, 1844, aged 79.

Drs. Donielson and Mann, in 1806, attended several cases of "*spotted fever*"; a disease which in that year commenced its ravages in Medfield, and afterwards became epidemic and spread throughout New England. Their account of the disease and of its treatment was first published in the Medical and Agricultural Register, and afterwards copied into the Communications of the Massachusetts Medical Society, Vol. II., page 36.

Dr. James Hewins graduated at Harvard College in 1804, and settled in Medfield soon after the death of Dr. Mann. He was a medical pupil of Dr. Abijah Richardson, had a large circle of practice, and was much esteemed, both as a physician and citizen. He died in August, 1846, at the age of 64.

I find on the town records the name of Dr. Thomas Lowthrain, late of Perth, Scotland, who died December 15, 1749; also of Dr. Jabez Fuller, who died Oct. 5, 1781.

#### MEDWAY.

Medway was incorporated in 1713.

Dr. Aaron Wight studied medicine with Dr. Thomas Kittredge of Andover, and married Dr. K.'s daughter for his first wife. He was afterwards twice married, and had ten children. He was an intelligent physician, and devoted considerable attention to surgery. In consequence of disease in one of his lower limbs, he was under the necessity of having it amputated. The operation was successfully performed by Dr. Miller, of Franklin. In early life, it is believed about the year 1780, he had a smallpox hospital in Medfield, in connection with Dr. Jerauld. He died in 1813, aged 71.

Dr. Abijah Richardson was born in Medway, August 30, 1752. In 1770, he entered Harvard College, where he remained two years. He then commenced the study of medicine. Having completed his studies, he entered the Revolutionary Army in the capacity of Surgeon's Mate, under Dr. Samuel Whitwell. He afterwards received a Surgeon's commission, and continued in the service of his country until the close, or near the close, of the war. He then settled as a physician in Medway, and there continued in the active and successful performance of the duties of his profession until his death, which occurred May 10, 1822, at the age of 70.

Few physicians pass their professional career more honored and beloved. He was an eminent botanist; indefatigable in the pursuit of knowledge, and with a memory so retentive, that he seldom forgot what he had once acquired. He performed the duties of every relation in life with the most scrupulous exactness. He was affable, communicative, benevolent; but not obtrusive. He was an honor to his profession and to his country; and for many years to come his memory will be held in grateful recollection in the vicinity in which he lived.

He married Mercy Daniels, by whom he had a numerous family. She still lives, at the age of 97, receiving from her grateful and prosperous country a handsome annual pension as a token of gratitude for services rendered by her husband in "the day which tried men's souls."

#### NEEDHAM.

Dr. William Deming appears to have been the earliest physician in Needham. He married Rebecca Peabody in 1759, and died of the "great cold," or influenza, probably in 1789.

Dr. Peter Fisk was a physician in West Needham. He removed to Warwick, and there died.

Dr. Isaac Morrill, of West Needham, was son of Rev. Isaac Morrill, of Wilmington. He was born in 1747, and died in May, 1839, aged 92. He settled in Natick before the commencement of the Revolutionary war. He was eminent in his profession, and highly respected in every relation of life. A short biographical notice of his character was published in the *Boston Chronicle and Patriot*, May 22, 1839.

Dr. Timothy Fuller was a native of Needham. He graduated at Harvard College in 1787, studied medicine with Dr. Willard, and settled as a physician in East Needham, where he died in 1799.

Dr. Samuel Adams, who received the degree of M.B. at Harvard in 1794, and M.D. in 1802, settled in East Needham. He removed thence to Boston, and afterwards to Cincinnati, where he died in 1845, aged 74.

Dr. Samuel Gould was for a time at East Needham. He removed to West Roxbury, where it is said he died in 1850 or 1851.

Dr. Josiah Noyes succeeded Dr. Gould. He was born at Acton, Oct. 8, 1811; studied medicine with Dr. Dunbar, of Westmoreland, N. H.; received the degree of M.D. at Dartmouth College in 1825, and settled in East Needham, where he continues to reside. He is distinguished for his acquaintance with botany.

#### BELLINGHAM.

Bellingham was set off from Dedham May 11, 1719, and incorporated November 27. The Congregational Church over which Rev. Jonathan Mills was ordained pastor in 1727, has long been extinct.

Dr. John Corbett was the earliest physician in Bellingham. He married Mehitable Rockwood.

Dr. John Corbett, son of the preceding, was born March, 1704; became a physician, resided in his native place, and practised medicine. He married Hopesil Chapin, and died in 1794, aged 90. Dr. Corbett was a very successful practitioner, possessed a large landed estate, and had great influence in the town. He was a man of ardent feelings and uncommon decision of character. Upon the first news of hostilities with the mother country, he took a decided stand in favor of liberty. During the last half of his life, he labored under a serious disability in regard both to speech and locomotion; yet as his bodily health was otherwise good, by means of a kind of chair fixed on wheels, and a well-trained horse, he continued to do a large business in his profession, and finally died of old age, after having seen the snows of ninety winters.

Dr. John Scammell was the son of Dr. Samuel Leslie Scammell, of Milford. His mother was Bethiah, a daughter of Dr. John Corbett. His grandfather, Dr. Samuel Leslie Scammell, emigrated to this country from Portsmouth, England, A.D. 1738, and settled in that part of Mendon now called Milford, and died A.D. 1753, aged 45. He left two sons, Dr. Samuel Leslie, already alluded to, and Alexander. This Alexander distinguished himself in the Revolution; was at one time one of General Washington's adjutants, and was officer of the day at the execution of Andre. Wishing for more active service, he took the colonelship of a select corps, and was slain a few days before the surrender of Cornwallis, aged 37. A monument is erected over his grave at Williamsburg, Va.,

and he is pictured among a group of officers in one of those large paintings which grace the walls of the Rotunda at Washington. He was an intimate friend of the first General Dearborn, who named his son, General Henry Alexander Scammell Dearborn, after him.

Dr. John Scammell studied medicine with his father in Milford, and after the death of his grandfather, Dr. Corbett, removed to Bellingham to take possession of a farm inherited from him. He was a man of a most amiable disposition, and was eminently skilful and successful in his profession. He was for nearly forty years a cotemporary with Dr. Thurber, whose residence was very near to his own; and during this whole period these two excellent physicians lived on terms of the most perfect harmony. In the various relations of life he was highly esteemed, discharging the duties of those relations in a manner alike honorable to himself and acceptable to the community in which he lived. In April of the year preceding his death he unfortunately fractured the neck of the thigh bone, which never united. He died March 9, 1845, aged 84.

Dr. Daniel Thurber first settled in East Bellingham, but soon removed just within the limits of Mendon. He was very highly esteemed as a man and medical practitioner. He was a good writer, but lacked the gift of public speaking. He was warm in his friendships, and perhaps it should be added equally implacable when offended. The dishonorable practitioner found in him no countenance. He was firm and decided in his principles and practice; and his advice in cases of difficulty was much sought by his medical brethren. In 1825 he received from Brown University the honorary degree of M.D., and the following year a similar degree was conferred upon him at Harvard. As a further proof that his memory is still gratefully cherished, it may be added, that a medical association has been recently formed in the town of Milford, composed of physicians in that and the neighboring towns, who, to show their respect for his character, have taken the name of the "Thurber Medical Association." Dr. Thurber died of paralysis, in 1836, aged 70; and an obituary notice of his character was at that time promised, but, if I am correctly informed, has never been published.

Dr. Jonathan Thayer, who was born in 1717 and died about 1760, was a physician in Bellingham, and is represented to have held a good standing in his profession.

A few other physicians have practised there. Among these may be named Dr. William Whitaker and Dr. Collins; also Dr. Timothy Merriam, who soon removed to Framingham, where he died in 1833, aged 76.

#### WALPOLE.

Walpole was set off from Dedham in 1724.

Dr. Ebenezer Doggett was the earliest physician there. He was a native of Attleborough, and a grandson of John Doggett, of Watertown, who removed to Martha's Vineyard in 1642. He was much respected, and had a large circle of practice not only in Walpole, but also in Foxborough and Wrentham. To this latter place he finally removed, where he died of cancer in the breast, Feb. 26, 1782.

Dr. Rhodes, of Boston, succeeded Dr. Doggett, and remained two years.

Dr. Seth Mann, a native of Walpole, and medical pupil of Dr. Doggett, was the next physician. He died about 1826.

Dr. James Messinger died in Walpole in 1821, aged 51.

Dr. Jonathan Wild was a native of Randolph, and a medical pupil of Dr. Moses Baker, of that town. He commenced business in Walpole in 1780. He was a worthy man; somewhat credulous in his temperament, but notwithstanding this infirmity a useful physician and good citizen. He was born in 1753, and died in October, 1833.

Dr. Knapp resided in Walpole a few years, and then removed to Cumberland, R. I.

Dr. Abel Wilder succeeded Dr. Knapp, but soon removed to Mendon.

Dr. Jonathan Ware was for a time a resident in Walpole, previously to his settlement in Milton.

Dr. Ebenezer Stone settled in Walpole in 1824, where he still remains in successful practice.

Dr. Henry B. Tappan took up his residence in Walpole in 1849, remained one year, and then removed to Central America, where he died in 1852.

#### WRENTHAM.

Wrentham was originally a part of Dedham, from which town it was set off March 27, 1661, when it contained but sixteen families; but it was not incorporated until October 15, 1673. In consequence of an Indian war, which occurred in 1676, the settlement was for a time abandoned. In 1680 the inhabitants returned.

I regret that my inquiries respecting the early physicians in this town have been less successful than I could have desired. I proceed, however, to present such facts as are in my possession.

Dr. Benjamin Ware was born in Wrentham, July 8, 1688, and died Jan. 16, 1744, aged 56. He married Melatiah, relict of Jonathan Ware, Esq., who after his death became the wife of Col. Ephraim Leonard, of Mansfield. Dr. Ware was reputed to have been a worthy physician and much respected as a citizen.

Dr. Cornelius Kollock is supposed to have been the second resident physician in Wrentham. He married Sarah, daughter of Rev. Henry Messinger, who after her husband's death became the wife of Rev. Benjamin Caryl, of Dover. Dr. Kollock died January 22, 1754.

Dr. John Druce was a native of Brookline; graduated at Harvard College in 1738; studied medicine at Watertown; settled as a physician in Wrentham about the year 1740; married Margaret Trowbridge, of Newton; had six children, one of whom, Mrs. Nancy Guild, is still living at the age of 98, having been born Feb. 9, 1755, to whom I am indebted for the facts respecting her father. He was much respected as a physician, and died of consumption at the age of 55.

Dr. Daniel Fisher died March 29, 1774.

Dr. Samuel Brenton died Jan. 3, 1791, aged 34. He was a young man of great promise, and much respected.

Dr. John Fales died April 9, 1803, aged 61.

Dr. Jenckes Norton died May 1, 1796, aged 37. His residence was in North Wrentham.

Dr. Cyrus Bean was the son of Rev. Joseph Bean, had a respectable but not a widely-extended practice, and died April 5, 1813, aged 54.

Dr. James Mann was a native of Wrentham, and for more than twenty years a distinguished practitioner of medicine and surgery in that place. He graduated at Harvard College in 1776, and M.D. Brown University, 1815. He studied medicine in Boston under the direction of Dr. Danforth. Immediately after completing his pupillage, he joined the Revolutionary Army as a surgeon, but after three years' service his enfeebled health compelled him to resign. "He was a scientific practitioner—bold and intrepid, but not adventurous." He was the author of two essays to which the first Boylston medical prizes were awarded in 1804, and "his subsequent writings received the decided approbation of the profession." "Dr. Mann was appointed a hospital surgeon in the United States Army in 1812; and was at the head of the medical staff on the northern frontier during the late war. The arduous duties of this highly responsible station he discharged with distinguished ability, and to universal satisfaction." He died in New York, Nov. 1832.

Dr. Samuel Bugbee graduated at Brown University in 1802; M.D. 1816; and died July 14, 1841, aged 60. He was a medical pupil of Dr. Mann; was an active and enterprising physician, and enjoyed a wide circle of professional business. His death was occasioned by a disease of the heart, an account of which was published in the *Boston Medical and Surgical Journal*, Vol. XXV., p. 64.

Dr. Luther W. Sherman was a native of Wayland, where he was born in 1806. He studied medicine with Dr. Ebenezer Ames, of that place, and first settled as a physician at Falmouth. In 1835 he removed to Wrentham, where he continued until his death, which occurred October 29, 1837. He had the reputation of a conscientious and devotedly pious man; was much respected as a physician; and bore repeated afflictions with exemplary patience and Christian resignation.

A few other physicians have resided in Wrentham for longer or shorter periods, most of whom have removed to other places.

[To be continued.]

## SENSITIVE ATTRACTION.

[Communicated for the *Boston Medical and Surgical Journal*.]

THE supposition has prevailed that trees and plants grew in a perpendicular direction because it was natural. The following experiments will show that it is no more natural for them to grow in this direction than any other, or, in other terms, no more a matter of necessity.

1.—Placed a young geranium, one foot in height, in a south window, the recess 18 inches; the surfaces of the leaves faced the north, and the stems leaned to the north about 23 degrees. In six days, the leaves and stems were drawn to the south, and all leaned as much in that direction. The temperature the same in doors and out. This experiment was repeated five or six times, and the same effect took place in cloudy as in sunshiny weather. Some of the leaves and leafstalks were drawn

the space of eight inches; others three and four. By turning round the pot, the leaves faced the north, and in an hour or two some movement to the south could be seen and measured.

2.—The weather being warm in the last of April, the leaves and leaf-stalks of the geranium were drawn from a vertical to a horizontal position, in the space of two days. In four days the main stem and its branches changed from leaning at an angle of 45 degrees north, to a vertical position.

3.—The same geranium, in May, was placed in a north window, the curtain let down to the top of the pot, so that the light came from below the plant. In two days the leaves were drawn three inches by measurement in a downward direction. The places where they stood each morning and night were marked on the curtain. Each night the leaves and stalks rose up about half that distance. This partial return to their former state, in the absence of light, is a fact which will explain a great many other phenomena in plants. The plant stood in this situation until the main stem and all its branches grew in a downward direction to the open space where the light was admitted at the bottom of the window. Several of the leaves and leaf-stalks grew in an inverted position, their surfaces facing the earth completely.

This experiment was tried upon a pea plant with the same result. It grew in an upward, downward or horizontal direction, just as the light fell upon it.

4.—The geranium was made to grow in five different directions, in which state it may now be seen, having wooded and become a shrub.

5.—In the last of May, the geranium was placed in a south window, the sun shining full, and, in six hours, one particular leaf and stalk was drawn in a downward direction four inches; other leaves, two and three inches. They stood perpendicularly at first, and were drawn downward by the angle at which the rays of light fell upon them.

6.—After the geranium had been growing for some time in a downward direction, in a north window, where no light came from the south or any other direction, it was removed to a south window, where the light came only from that direction, and in four days one of the young stems was drawn or attracted through the space of nine inches. In a lively, growing state, the attractive force of light is much greater than when the plant grows slow. Affinity to light seems to depend upon the degree of life which the plant possesses. Upon a dead vegetable there is no attraction. In chemical and other species of affinity the matter upon which such affinities act, is inert.

7.—On exposing the backs of leaves to the direct rays of the sun, the leaves were, in three or four days, folded together, the stalks having attained their full growth and become stiff. This shows that the affinity to light commences on the very edge of the surface. To the back of the leaf there appears to be no affinity.

8.—Portulacca plants were tried in the same way as the geranium, with the same results. They were placed in a south window, two feet within the outside of the house, in the months of August and September, and from a perpendicular they would be attracted to the south,

three and four inches in a day, and partially return to an upright position during the night. The stems were made to grow in a downward, horizontal or erect position, just as the light fell upon them.

In these experiments, the attractive power of light was much greater than the writer had previously believed. They demonstrate that vegetables do not simply grow in the direction of light, but that in spite of gravitation, they are drawn towards it in whatever direction it comes to them. If most light comes from the north, they are drawn in that direction; if from the east, west or south, they are drawn in those directions. If it comes from above they grow erect, and if from below they grow inverted. They follow, with mathematical precision, the direction in which the rays of light come to them, as well in cloudy days as when the sun shines.

9.—*Portulacca* stems grew in a downward direction more perfectly by placing the pot on a looking-glass, and inverting another pot over it, with a space between them to admit the light, at the same time elevating one side of the glass to reflect the light directly upward. The same was tried upon plants placed in a window, with a curtain down nearly to the bottom of the window.

10.—Buckwheat plants were made to grow downward, horizontally and upward, by placing them where the light came upon them from these several directions. They were drawn downward or upward at the rate of one to three inches a-day, and partially returned during the night to the position in which they had grown, until after about a week's time when they became fixed in a new direction. Buckwheat is very easily and quickly moved by the light. In one hour the leaves would often be attracted an inch or more.

In all these experiments the temperature was the same in-door and out, except in April and the first part of May, when it was a little warmer in the house; the effect of light, however, was just the same upon the plants. The experiments were not exposed to the wind or rain, or any other cause which could affect the result. The plants were noticed every few minutes, and the effects of the light measured.

11.—*Portulacca* plants growing in pots, in full bud, were taken from a north window, where no direct light came to them, and placed in a south window of another room in the direct rays of the sun. The buds were full and red, but completely closed and compact. In 45 minutes they were in full bloom. In another experiment, buds came out in 30 minutes, and, in one instance, in 20 minutes. They began to open in two or three minutes, and in five minutes the petals would be quite unfolded. A dandelion, completely closed, came out full in ten minutes, by the clock. These experiments were repeated very often, and afforded the most delightful amusement.

12.—*Portulaccas* with full red buds were placed in the dark for eight days, such buds as usually came out in the sun in twenty or thirty minutes, but they were not changed at the end of that time. The leaf buds of buckwheat remained unchanged in the same way. The light, therefore, in a proper temperature, must be the sole cause of the leafing and blossoming of plants and trees. Complete seclusion from the light

may be a difficult thing to obtain, as light, like heat and electricity, must be a relative substance or fluid, but complete darkness would prove complete death to the vegetable world.

The surfaces of both leaves and petals, or corollas, are the inner side in the bud, and are drawn outward by the light. The inside of the calyx is generally turned out in the same way. The light has the same attraction to all their surfaces, and draws them open. And as the leaf, in the foregoing experiments, partially returned to its accustomed position, so does the corolla or petals and calyx. In some plants the closure, on the exclusion of light, or when night comes on, is quite complete, as in the tulip and dandelion; in others, but slight. But probably, in all, there is more or less tendency in petals and corollas to assume their natal shape, until the force of the light has overcome their elasticity and inured them to a new position. The rate at which petals are drawn, is greater than that of leaves. In the case of the dandelion, the petals must have been attracted an inch, at least, from their natal position, in the space of ten minutes, or at the rate of half a foot an hour. The tulip, and doubtless many other flowers, must exceed this rate, as they open and close daily.

The mathematical precision with which trees and plants grow in an upward or perpendicular direction, is entirely the effect of solar light, produced in the following way. The light has an attractive force (as has been seen by drawing plants either downward or upward) superior to that of gravity. To make the tree or plant erect, the light must shine during the day as long on one side as the other. This is precisely the fact during the time of its growth, or rather of its maturity. On the 20th of March the sun begins to shine on the north side of objects, and increases until the 20th of June, when it shines on the north side of a house or tree, in the course of the day, as long as on the south, and if we include the twilight, an hour or more longer. In the morning before 8 or 10, and in the evening after 4 o'clock, the direct rays of light fall upon the north side of trees and plants, and during mid day upon the south. For about two weeks in June, during the greatest growth of plants and trees, it is equal upon both sides, and from the middle of May to the middle of July only varies an hour or so. During this period the principal growth of plants and trees takes place; in the first part of their growth they point a little to the north, until the light becomes equally balanced on every side, when the wooding process commences or they become matured, and consequently fixed in a perpendicular direction. Most trees and plants in this latitude cease to grow by the middle of July. Those which grow after this time lean more or less to the south. A plant in a green-house, unmolested by wind, rain, dew and other causes, which begins to grow on the 20th of September, will lean, on the 20th of December, to the south, 23 degrees from a perpendicular line. If it begins to grow on the 20th December, it will lean to the south just half that number of degrees on the 20th of March. During this time the plant must not be moved, and it should grow from the seed in order to be fully sensible to the light.

This erect growth of trees and plants, by the equal adjustment of

light, is one of those wonderful facts in nature which must ever continue to astonish us, while it awakens our curiosity to explore the laws which produce it. Any other position would enfeeble their strength in the support of the enormous amount of leaves and fruit which they often sustain.

The affinity which light has for the living vegetable may properly enough be called sensitive attraction. We talk of the *life* of vegetables and of *sensitive* plants; what impropriety in calling a principle which appertains to the living plant, sensitive attraction? May not a plant have some relationship to an oyster or a polype? That such a species of attraction exists, no person can doubt who will take the pains to observe and experiment.

Every tree and plant is attracted to the greatest degree of light of which its fixed situation admits. This may be seen in all kinds of weeds and grasses growing about buildings and walls. Those upon the south side will lean southerly; those upon the north, northerly; those upon the west, will incline westerly; and those upon the east, easterly. All young trees and shrubs growing under large trees will incline towards that point from which comes the greatest quantity of light. Young pines, under large ones, will sometimes incline nearly half way to the ground. Trees on the edge of woods and groves incline to the most light, whether it be north or south, east or west, and an abundance of limbs put out in that direction, when on the other side of the tree there will be none. Dandelions, buttercups, and the pride of Venus, early spring flowers, incline to the south. Box, and other plants which grow late in the season, also incline to the south. At the summer solstice they are all erect, the most light being overhead. They are as true to the light as the magnet to the pole, and much more so. Wind, rain and dew change the direction of young plants and grasses, otherwise they would always be seen pointing to the greatest degree of light. Vines and creepers have an affinity for supporters stronger than that of light. Ivy clings to trees and walls when other plants would be drawn away by the light. Bean vines will be attracted to poles when the light would incline them another way. And yet without the light they would never mount the pole; to produce this effect, the two affinities must conspire or combine. As an acid or an alkali has an affinity to many other substances, so has the living seed or plant. A kernel of corn put into water of a certain temperature, sends forth a sprout and roots. Do the sprout and roots exist in the corn, or in the water? In neither. It is formed by the affinity which the seed has for water. Without the water there never could be a root or a sprout; and without the seed, the water could produce nothing. Does hard or Castile soap exist in the alkali, or in the oil? Perhaps it most resembles the oil, but the form exists in neither. Which is the nucleus in limestone, the lime or the carbonic acid gas? Could the stone ever be formed without the two elements? Is the form of copperas owing to the copper or to the sulphuric acid? Or that of green vitriol to the iron? Which is the *nucleus*? When quicksilver is poured upon the floor, it forms into beautiful globules. Is not the form owing to the attractions of cohesion and

gravitation? When water runs in a small, slow stream, it separates into round drops; whence does this form arise? Who doubts, in the present state of our knowledge, that the globular form of the earth was produced by the same forces? These may be considered the simplest forms of organization. The more complicated forms are produced by chemical attraction, and the most complicated by sensitive attraction.

An apple-seed is put into the ground, and in fifteen years it produces twenty or thirty bushels of fruit, and an immense amount of leaves and blossoms. Does all this fruit and foliage, and do all these flowers, pre-exist, or the image of them, in the apple-seed? Or what if it did, if the elements of water, air, light and the earthy constituents are wanting? The plant is formed like the globule of quicksilver, or the red rust upon a piece of iron, by the force of affinities. A root is changed into a stem, leaves and flowers; and the stem into roots, in the same way that soda is changed into salt, by the force of attraction. How much more do we know of the laws of matter by being told that the *nucleus* of iron ore is the iron? Is not the term organization used in too restricted a sense, and does it not apply as well to the organization of a stone or a coal-bed as to vegetables? In plants, the seed is but one element among several others equally essential to its development. The roots are attracted in the direction of water, and the vegetable or animal pabulum dissolved in it, as the stem is by the light. The sprout or shoot combines with several elements, and forms the tree. The vine is attracted to elevated objects for support and light. In a word, the whole work of vegetation is the play of affinities. But still the attraction which plants have for light, and objects for support, is different from chemical or any other species of attraction, as it appertains only to living vegetables and opposes other affinities. Sensitive attraction more properly expresses an idea of its nature, while the appellation is in strict conformity with existing language upon the subject of vegetable phenomena. When we see an ivy vine ascending a tall tree and clinging to it with all its might, which if a little pine would be bending away to the sun or a greater degree of light, to some distance from the tree, can we but recognize a species of attraction in vegetables different from every other? Is it the same species of attraction which opens the rose in the morning that causes the stone to fall; or the rust to gather on iron? Is it the same with that affinity which causes the floating iron and magnet in a basin of water to approach each other? People may consider them the same, if they choose, but does not such confounding of different kinds of attraction lead to confusion and error? Every other species of attraction acts upon dead, inert matter; but here is a power which we know to operate upon living matter, and to attract it in various directions and to determine distances, in a given time, against the force of gravity.

October 1, 1853.

SENSITIVUS.

## POST-MORTEM EXAMINATION OF THE LATE DR. NEWTON.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The autopsical report of the late Calvin Newton M.D., which appeared in a recent number of your Journal, not having the least foundation in truth, and having been made without the knowledge or consent of us his attending physicians; we earnestly desire you to publish the following correct and truthful observations, made upon the body twenty-two hours after death.

Dr. C. Newton died at his residence in Worcester, Tuesday, August 9th, after a severe illness of ten weeks.

*Post-Mortem Examination.*—The external appearance of the body was plethoric and fleshy. The abdomen was very tumid and tympanitic. On exposing the thoracic and abdominal viscera, an inordinate quantity of fat was found to thicken the abdominal parietes and envelope the internal organs.

The mucous membrane of the air-passages was somewhat injected and reddened. Lungs but slightly engorged. Heart essentially healthy. Stomach nearly empty, its mucous coat softened, thinned in bands and mammillated.

The mucous surface of the intestinal canal exhibited a well-marked and interesting pathological condition. Duodenal or Brunner's glands were manifestly swelled and inflamed; the mucous membrane in their vicinity was disorganized to some extent. Solitary and mesenteric glands were found to participate in the unhealthy change. Peyer's glands were enlarged, and the patches presented a thickened and rough appearance, bordering on ulceration. The mucous coat near the cœcum was completely disorganized, the lesion being most extensive at this point, with less appearance of diseased action higher up in the intestines. Liver natural size, somewhat softened, pale and dry on incision; bile abundant, fluid, and of a greenish color; gall-bladder and ducts natural. Spleen enlarged, weighing  $12\frac{3}{4}$  ounces, softened almost to a complete pulpy mass. Kidneys and bladder healthy.

In the right iliac region was found a quantity of extravasated blood, principally involving the internal oblique muscle, and extending down into the right inguinal region.

Head showed no essential anatomical lesion—dura mater everywhere adherent to the cranium, as it usually is in health, and perfectly natural. Arachnoid was transparent, presenting a healthy aspect throughout its entire extent. Between the pia mater and the investing portion of the arachnoid was found a moderate amount of serous effusion; perhaps the quantity in all might have been from one to one and a half ounces. The pia mater was unusually vascular; there was also more or less effusion into its meshes, sufficient, perhaps, to characterize what is termed edema of the meninges. Encephalon was firm, and presented no trace of disease.

F. H. KELLEY, M.D.

G. M. NICHOLS, M.D.

Worcester, Oct. 1, 1853.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 12, 1853.

*Public Nuisances.*—It is a more difficult question to decide what is a public nuisance, in regard to health, than might at first be supposed. No two persons view a given case in the same light, unless both have an interest in the matter swaying them the same way, and then somebody invariably objects to their opinion. Two physicians, as frequently as otherwise, are so directly opposed to each other, that a court is compelled to disregard their testimony and fall back upon something else. Such cases have repeatedly agitated an extensive neighborhood, and litigation followed litigation, till the lawyers got all the money which both parties could possibly spare, the nuisance remaining precisely in the same condition as at first. The following case is of recent occurrence.

A pond in a village, which had always been full of water since the memory of man, being drawn off by the owner, the exposure of a vast body of mud, principally made up of decomposed vegetable matter, was the consequence, the gaseous exhalations from which were excessively offensive. Mr. Jones paid no attention to the remonstrances of his neighbors, because it was his property, and he wished to reclaim and cultivate the land, which could not be accomplished without drawing off the water. A next resource was a court of justice. All the neighborhood bore willing testimony to the offensiveness of the nuisance, which smelt horribly. The physicians explained scientifically how prejudicial it was to health, and the disastrous consequences that would accrue if suffered to remain. In short, it was their deliberate judgment, if the pond was not at once reflowed, disease and death would be caused among the villagers. On the other hand, Mr. Jones brought his hired men into court, who had been daily at work knee-deep in the alleged pestiferous mass, who were in excellent health, and in no manner of way affected by the terrible stench. There was no denying their declarations, because all of them were powerful fellows, strong enough to carry the bench and attorneys on their shoulders. Owing to the conflicting character of the evidence, as presented by the medical experts, the mud-diggers and the house owners of the village, the jury could not agree, and the complainants were obliged to begin *de novo*. Some months elapsed before the machinery of the law was again in free running order. In the mean time, though everybody was convinced that the smell was abominable, no one had been made sick, nor died, as the faculty had predicted. One and another of the witnesses were tired of wasting their time in attendance in the county town, just to oblige those who were determined to refill the pond, if they emptied their pockets in accomplishing the undertaking, and the evidence became amazingly debilitated; and although other physicians were summoned to sustain the reputation of their peers, the second trial turned out like the first, the jury again disagreeing. All this while the mud was gradually drying up, though lawyers were becoming plethoric with large fees. Finally, when the complainants had seriously impoverished themselves, and the defendant was half ruined in defence of his rights, the suit was abandoned. And well it might be, for no sickness had been produced, and the old pond had now become a beautiful garden. The doctors lost some reputation, notwithstanding they were unanimously of the opinion that the season was uncommonly favorable to the preservation of the public health!

This is a fair illustration of the course and finale of lawsuits instituted for the abatement of nuisances. A hundred acres of dock mud, at ebb tide, are quite as much of a nuisance as a slaughter house, soap works, and such like places of industrial pursuits; but neither of them were ever positively demonstrated to be productive of disease, however intolerable their odor.

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*Surgeon's Splints.*—At Lakeville, Conn., is a manufactory of splints, made of alternate layers of wood and gutta percha, which recommend themselves at sight. They are extremely light, elastic, and moulded to fit every limb, and can be also readily adjusted to persons of different forms, size or height. Even a permanent extension of the lower limbs is admirably maintained. Dr. B. Welch, the inventor, has fairly distanced all competitors, and furnished the surgeon with splints that meet all conditions of broken bones. There is a finish to them, quite unusual in such apparatus; and instead of being injured by use, there is no reason why a set of them should not last fifty years. In hospital as well as in private practice, it is presumed they will supersede all others now in use. By simply dipping one of them in warm water, it is instantly moulded to any shape required, and there it holds. Those parts which are designed for bracing joints, are curious, as individual specimens of mechanism, to assist nature in keeping injured parts in place, while the healing process is being accomplished. Complete cases, containing a perfect set of these splints, may be seen at Dr. Cheever's store, Tremont Temple, Boston.

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*Transactions of the American Medical Association.*—Unless medical gentlemen, throughout the Union, give their immediate assistance, the voluminous publication intended for their use, and which will transmit to posterity the scientific labors of the American medical profession in 1853, must pass very heavily and tardily through the press. If the brotherhood in the interior transmit their names at once to Dr. D. Francis Condie, Philadelphia, some calculation can be made of the number of copies that may be safely struck off. Some fine illustrations have been prepared for the volume; and besides, two prize essays of a highly meritorious character are embraced in it, worth more than the whole will cost. It would be a lasting reproach to the medical intelligence of the country, if the Association is not sustained in the enterprise of publishing a permanent record of its doings, to be referred to in all coming time. The faculty ought not to require prompting, and we feel quite sure that this statement will be sufficient to arouse the attention of practitioners all over the country.

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*Manual of Obstetrics.*—Messrs. S. S. & Wm. Wood, 264 Pearl street, New York, are the publishers of a neat duodecimo volume, with the above title, by Thomas W. Cock, M.D., Physician to the New York Lying-in Hospital, &c. Dr. Cock modestly introduces himself to the world of accoucheurs, by announcing the fact, that his book makes no pretensions to originality. It would be preposterous in this age of civilization, to intimate anything especially new in midwifery. Still, this branch of medicine is progressive, though its improvements consist in persuading sensible men and women to abandon many useless practices that embarrass nature in her regular operations, and thus peril the patient. Singular as it may appear to some, there are scores of people who contemplate child-birth as a severe

disease, demanding constant interference to manage to a successful termination. Now the real fact is, that in itself it is no disease all, and the best system of obstetrical practice is the one that most clearly and forcibly establishes this truth. Still, in the various complications of midwifery a book like this of Dr. Cock's is invaluable. It tells the young practitioner precisely what to do, and when to do it, as well as what to abstain from. Beginning on the 160th page, a group of important subjects are considered, and the way made clear in cases where the formidable symptoms present would lead to doubt and hesitancy. The different topics connected with labor, treated of by Dr. C., are precisely what the new beginner wishes to know about; and even experienced accoucheurs are never injured by being refreshed with repetitions of what they knew before. The more we have examined the treatise, the better we like it, and we think it ought to have an extensive sale. Copies are to be had at Ticknor & Co.'s, Washington street.

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*Diseases of Children.*—The fourth edition of Dr. Condie's celebrated "Practical Treatise on the Diseases of Children," from the press of Messrs. Blanchard & Lea, Philadelphia, is ready for the profession. The talented author observes, in the preface, that the demand for another edition has afforded him "an opportunity of again subjecting the entire treatise to a careful revision, and of incorporating in it every important observation recorded since the appearance of the last edition, in reference to the pathology and therapeutics of the several diseases of which it treats." As all practitioners are familiar, both with the character of Dr. Condie as a careful writer, and the intrinsic value of his work in a difficult branch of medicine, this edition, in its new dress and internal perfections, must necessarily be in far greater request than the previous ones.

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*Influence of Climate on Tubercular Disease.*—This was the theme of a learned discourse before the South Carolina Medical Association, at its annual meeting, almost a year ago. Notwithstanding the unwelcome truth that consumption puts at defiance all medication in its treatment, we are bound to listen to whatever promises best for its amelioration or cure. Dr. Amory Coffin offers encouragement to the class of sufferers for whom we have no balm in any Gilead of the North. He presents philosophical views of the value of different kinds of climate, as the moist and warm, cold and clear, dry and moderately cold, warm and dry, &c. On the whole, it is worthy of a far wider circulation than it has probably had, because it enlarges our knowledge of the sanitary-resources of our beloved country, and demonstrates a cheering prospect of relief from suffering, if not a perfect restoration to health, by a temporary but seasonable change of locality.

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*Pharmaceutical Association.*—The published report of the transactions of this very excellent association, has been distributed. It is hardly worth while to copy from its pages, as a detailed account of each day's doings was circulated very generally, while the members were in session in Boston. William A. Brewer, of Massachusetts, is president, and the society numbers forty druggists, chemists and apothecaries, who are leading men in the business to which they are devoted, in the principal cities of the United States. Accompanying this interesting document are reports of the Colleges of Pharmacy in different States, equally useful as a reference.

*Death of Dr. Warner, of Connecticut.*—Dr. Richard Warner, of Cromwell, Ct., died on the 29th ult., aged 58. He was President of the Medical Society of the State, a good physician and citizen, and much endeared to the community in which he lived. Dr. W. B. Casey, of Middletown, editor of the "Morning News," gives the following account of his sickness and death:—

"The doctor had been in feeble health for the most part of the summer, but had continued to attend to his business up to the very evening preceding his death. On Wednesday (which was a stormy, chilly day) he had been much exposed to the weather, and on his return home, about 6, P.M., complained of feeling very unwell, and was soon afterwards seized with violent symptoms from which he obtained some relief in the course of the night. His strength failed rapidly, however, and when, on Thursday, about 11, A.M., we visited him in consultation with Dr. Gilbert of Portland, we found him pulseless and evidently in a dying condition. He expired about 1, P.M. In company with Drs. Harrison and Woodruff, we made a post-mortem examination of his body, and found that the immediate cause of his death was a rupture of the gall-bladder produced by violent vomiting. The intestines also manifested evidences of severe and chronic disease.

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*Palmer's Artificial Legs.*—An anonymous writer has sent us a communication in regard to the excellences of Palmer's wooden legs, and intended as a reply to some queries in a late number of this Journal. If the writer had appended his name, it would have been far better, as we should have been more ready to insert his communication entire, and others would then have known whom to address if felt called upon to comment upon his paper. It is an invariable rule of this Journal to require the name of a writer wherever facts are concerned, or where the possibility exists of stirring up a controversy or even exciting unpleasant feelings. Exact impartiality has always been our object, endeavoring to have each and all benefited according to their just claims and merits. The writer referred to states that at the late Fair in this city, Palmer's legs were exhibited, and that Mr. Sanford, of Medford, who lost both of his legs at the time of the great tornado in 1851, and whose case has been related in this Journal, was also present with a pair of these legs, showing, in his daily walk and active operations, that no improvements have been made or are needed in them. "Sanford," he says, "with a pair of Palmer's artificial legs, and with one artificial knee-joint, uses only one cane in his walks of over a mile at a time, up hill and down, and upon the wet and slippery side-walks of Boston, in a very natural, easy, and perfectly reliable manner, so much so as to deceive any one not cognizant of his case."

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*Geneva Medical College—Professor Bryan.*—We have received from Prof. Charles A. Lee a statement relative to the suspension of the course of lectures the present season in the Geneva Medical College, whose "natural death" was rather prematurely announced last week. It will be inserted in the next number. Professor James Bryan, who was one of the faculty in the Geneva College, and also in the Philadelphia College of Medicine, has resigned his chair in the latter College, and has commenced a course of private lectures in Philadelphia, the success of which has our best wishes.

*Illegible Address.*—Correspondents sometimes write to the editor on business, which to them is of particular importance, but whose names are written so illegibly that it is impossible to decypher them. We have sometimes, when the post-office address could be made out, cut out the mysterious scrawl, and pasted it on a return letter, and run for luck. Another kind of grievance arises from writers sometimes not mentioning the State from which their letters are sent. A letter written at "*Rochester*," last week, produced much perplexity, no State being mentioned, and the post-office mark being indistinct. Among about thirty Rochesters in the United States, it was impossible to say which was the one. We beg our friends to bear this trifling matter in mind.

*Post-mortem of the late Dr. Newton.*—It will be seen that a report in the present, number of a post-mortem examination of Dr. Calvin Newton, of Worcester, differs in many points from the one drawn up and published in this Journal some weeks since by Dr. Johnson. As both parties give their names to their reports, there is no occasion for any other comment than that we are unacquainted with the circumstances which have caused a discrepancy of opinion between them.

*Medical Miscellany.*—Dr. Henry S. Patterson, the distinguished Professor of Materia Medica and Therapeutics in the Medical Department of Pennsylvania College, has withdrawn from the active duties of that Chair, in consequence of enfeebled health, and has been transferred to the Emeritus Professorship. The vacancy thus created has been filled by the election of Dr. John B. Biddle, of Philadelphia, formerly Professor of Materia Medica and Therapeutics in Franklin Medical College, and lecturer on the same branches in the Philadelphia Medical Institute.—On the Mississippi, above New Orleans, the yellow fever is sweeping off many of the inhabitants.—Africa has had a year of health.—Warts are said to be cured by the internal use of carbonate of magnesia.—Gleason's Pictorial newspaper says that a physician on the margin of the Western Railroad desires to sell out to a person who wishes to acquire a knowledge of surgery!—Mrs. Elizabeth Perkins died at East Boston lately, at the advanced age of 99 years and 5 months—probably, at the time of her death, the oldest person in Boston.—Dr. Marshall Hall left Boston, last week, on his way to the southern States. He intends going to China ultimately.

MARRIED,—J. B. S. Jackson, M.D., of Boston, to Miss E. J. Andrews.—R. D. Hay, M.D., of Madison, N. C., to Miss M. L. Russell.

DIED,—Dr. Richard Warner, of Cromwell, Conn., aged 53.—In New York city, Dr. Edward P. Diffin, killed by falling from a railroad train, aged 30.—In New Orleans, by yellow fever, A. M. Nye, M.D., a native of New York.—Dr. Jacobson, a Swede by birth.—In New York, Dr. James Trenor.

*Deaths in Boston* for the week ending Saturday noon, Oct. 8th, 82. Males, 45—females, 37. Abscess, 1—inflammation of the bowels, 6—inflammation of the brain, 2—congestion of the brain, 2—consumption, 10—convulsions, 3—cholera infantum, 2—croup, 4—cancer, 1—dysentery, 7—diarrhoea, 3—dropsy, 2—debility, 3—infantile diseases, 6—puerperal, 1—typhus fever, 3—typhoid fever, 2—inflammation of the lungs, 3—marasmus, 4—measles, 1—old age, 1—pleurisy, 1—palsy, 1—rheumatism, 1—scrofula, 1—teething, 8—thrush, 1—unknown, 1—worms, 1.

Under 5 years, 43—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 8—above 60 years, 5. Born in the United States, 55—Ireland, 23—British Provinces, 2—England, 1—Sweden, 2. The above includes 9 deaths at the City Institutions.

*Case of Catalepsy—Long-continued Sleep.*—In the Number of this Journal for June 22, 1853, we inserted Dr. Dolley's account of a very remarkable case of muscular rigidity, with loss of consciousness and volition. Mr. Vroomer, the man there alluded to, has since been publicly exhibited in the city of New York, and has been visited by many of the faculty of that city. Dr. Tuthill, of the New York Daily Times, gives an interesting notice of him, from which, on account of the singularity of the case, we copy the following additional particulars.

"We called yesterday to see the man who has been asleep for five years. We found him in what seemed like a sound sleep. He was lying in bed, his eyes nearly closed, his respiration rather slower than is usual, his breathing a little stertorous, pulse some seventy-five strokes in a minute, soft and weak. On attempting to open his eyes, he firmly closed them, and when, by force, the lids were opened, the eyes were rolled upward, so that it was impossible to see the pupils. The mouth was slightly opened; on attempting to open it wider, the jaws were instantly locked. There was a constant tremor of the eyelids, and from his mouth there was some drivelling. His body was extremely emaciated; his arms were folded upon his breast, and any attempt to remove them was strongly resisted. The muscles seemed rigid and tense when the effort was made, and indeed it was impossible, without violence, to change at all the position of his limbs. Once during our stay he drew a long breath, like a man who is about to turn in his sleep. At another time he hitched himself up a little in his bed. He was lifted up bodily and seated on the side of the bed; his head was still bent forward on his chest, his legs crooked under him at the same angle, and his arms folded as when he was lying. There was nothing to indicate that he would not retain the same position for weeks. We lifted one foot, the other came up with it. There was little or no bending at the knee, or at the hip; the feet were raised only as the upper part of the body was carried backwards. He was placed standing upon the floor. It required a few moments to balance him exactly; after that he stood in the same position so long as we remained; there was nothing to indicate that he would not maintain the same posture for a month. His diet consists principally of milk, sometimes with a little bread soaked in it. It is with some difficulty that it can be administered. The jaws must be forced open as in tetanus, and the liquid poured in between his teeth. Once he went without any food for five days; but his friends objected to any farther conduct of the experiment, though there was no change in his symptoms during that time. When the seizure occurred, he is said to have weighed 160 pounds; now, he cannot weigh over 90 pounds. His height was six feet two inches. The secretion of the kidneys is discharged once or twice a day; it is very high colored, and not much diminished in quantity. Possibly it is from habit, possibly from some remains of consciousness, that in this matter he is subject to the wishes of his attendants. The alvine evacuations are very scanty, occurring not oftener than at intervals of from six to twenty days."

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*Cholera in England.*—The cholera, in its western march, has again reached England, and is carrying off the victims of filth and intemperance in the seaport towns. At Newcastle, where its virulence is greatest, the deaths averaged, at the last dates, about one hundred and ten a day. In other places, the returns show from one or two deaths, to thirty, daily.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## OBSERVATIONS ON A CASE OF FÆCAL OBSTRUCTION.

An Extract from a Lecture on Clinical Medicine, by ROBERT CHRISTISON, M.D., Edinburgh, delivered in April, 1853.

THE occurrence of a singular case of obstruction of the intestines from accumulation of fæces, induces me to make a few remarks on a subject which, though it may appear trite to you, is really one of great importance, and deserving your early consideration as professional men.

When you enter presently on medical practice, you will probably be surprised, as I was in the same conjuncture, at the exceeding frequency of the habit of constipation among people of easy circumstances in this country. At what period this liability was first observed, and in what cause or causes it originates, are questions which at present I cannot pretend to discuss. But there can be no doubt of the fact, that the infirmity of constipation is extremely common; and likewise, that it often exists without any other constitutional infirmity or special disease, except what is clearly referable to an undue neglect of the proper correctives. Accordingly, by due attention to the use of fit laxatives, thousands of persons of both sexes in the middle and upper walks of life contrive to live as long, as healthily, and, except for the plague of constantly taking physic, as happily as their more fortunate neighbors.

Prior to the publication of the treatise on purgative medicines by the late Dr. Hamilton, Senior, of this city, there is much reason to believe that the use of laxatives was greatly neglected in such circumstances. But after the appearance of that work in 1818, an important reformation took place in this respect. Indeed, as in all important reforms in medicine, physicians and their patients soon ran to the opposite extreme; and ere long as much harm was done by the abuse of aperient and purgative medicines as previously by the neglect of them. At present it may be confidently said that both errors have been materially corrected. No one denies the great importance and frequent necessity of cathartics of all kinds, from the mildest laxatives up to the most drastic purgatives. And on the other hand, most physicians are now satisfied that gentle aperients are sufficient in numberless circumstances in which formerly powerful cathartics were the fashion. Among other observations, too, it has been found that the regular daily use, even of mild laxatives, is

not so indispensable a precaution for preserving the health of those of a permanently costive habit as had been supposed by many physicians, and especially by many people themselves who were afflicted by that habit. For example, there can be no doubt, that for most people, who, though otherwise healthy, require constantly to use aperients, it is better to open the bowels in this way once every other day only, than daily by a daily dose. Some, especially those who live freely, require a more frequent dose. But in general you will find an effectual aperient every other day amply sufficient for those who do not augment the bulk of the alvine discharges by superfluous nourishment; and by that system they are much more likely to escape the risk of an irritable or congested state of the intestines arising, which we know to be the frequent consequence of the habitual excessive use of carthartics even of a mild kind.

Some persons, however, have such a horror of aperient medicines, that they cannot persuade themselves to take one oftener than twice a-week, or once a-week only. And, nevertheless, you will sometimes see them keep their health, and maintain their bodily comfort. But, for the most part, you will find it a sound general rule, to insist with such people on a more liberal use of aperients; and the great variety we now possess of convenient compound aperients, will enable you to find some one suitable to the constitution of any body, and reconcilable with almost any prejudices.

There are others whose prejudices are unconquerable, and who will not take laxatives at all, though their bowels do not move of themselves above once a-week, if even so often. And it is right you should be aware that this apparently most unnatural and preposterous habit is not of necessity, and in all cases, a habit injurious to health. You will occasionally meet with men so singularly constituted, that they enjoy sound health upon a weekly stool. And, indeed, all perhaps that can be well said of them is, that they are rather to be envied by their fellow creatures, for an endowment which must be frequently found very convenient. But such people sometimes get into difficulties. About two years ago, a gentleman from Wigtonshire, a landed proprietor, attached to agricultural pursuits, and therefore never without free air and exercise, consulted me about a serious difference he had with his medical advisers in the country. Having recently recovered under their care from a severe pneumonia, they made the not unreasonable stipulation, when they ceased to attend him, that he should take a laxative every three days, to correct a constipated habit. To this he demurred, on the very natural ground, that, until his late illness, he had enjoyed excellent health for sixty years, although his bowels had been habitually moved all his life only once a fortnight. This gentleman had made a journey of 120 miles for no other reason than to get the question between him and his physicians settled by some competent authority in therapeutics; and, in referring to me for the purpose, he mentioned, for my further guidance, that a neighboring gentleman of his acquaintance, of the age of 70, had told him, that he, too, had immemorially evacuated his bowels only every alternate Sunday, without being able to recollect having ever had an illness. It was scarcely to be wondered at that their common experience

half inclined them to think that their constitution was the natural and patriarchal one.

Our hospital patient seems to have been of the same opinion with these elderly agriculturists. Like them he has had some experience of life, being now 74. Like them, too, he has enjoyed singularly good health, being a surprisingly fresh-looking man for his years, notwithstanding that he had passed through severe trials in early life. As a soldier in India he sustained, when very young, a spear wound of the leg, where he has had, almost ever since, a small open ulcer, which he ascribes to the spear having been poisoned. In the Spanish war he was wounded at the battle of Barossa, in 1811. There are now evident marks of the bullet having passed through him from the left groin, piercing the blade of the *os ilium* in its course. For two years he lay in hospital; and recovering with a shortened limb and stiff joint, he was invalided on a pension of one and sixpence halfpenny, as a wounded serjeant and soldier of twenty-one years' service. This he has now enjoyed for forty-one years. Nor has his wound much incapacitated him; because for many years, and down to his present illness, he had actually worked as a railway laborer. During this long period he lived on his pension and wages in great comfort and sound health, until, on lately leaving off work, he became liable to constipation. At first his bowels were moved every other day in general, and afterwards seldom oftener than once a-week, unless he took physic, which he did seldom. At last the action of the bowels seemed to cease altogether, and he went for four weeks without any evacuation, even though he made occasional trial of a laxative. At the end of the fourth week, a strong dose brought away a great accumulation. After that he had no further evacuation, and it is now three weeks ago. He had again made a few gentle attempts to assist nature; but he did not much insist upon this, because his lodging-house had no convenience, as he said, for a man under physic. During the entire period of seven weeks, he assures us he had no pain or other suffering whatever. But at last his belly got very large, so that his trousers would not button over it; and on this account he applied here for relief.

On admission he had no appearance of any suffering. He seemed a fresh, vigorous, active, cheerful man. He took his food tolerably well; the pulse was natural: and the tongue was only a little furred. "The abdomen," to quote the Hospital journal, "is much distended, especially in the iliac regions, where there are two large prominent swellings projecting laterally, so that the crest of the ilium on each side is quite sunk, the tumors projecting much beyond the bones. There are different irregular swellings at different parts of the abdomen, especially in the track of the colon. Over some of these points percussion is quite dull; over others it is tympanitic. The circumference of the abdomen, where largest, is  $39\frac{1}{2}$  inches."

As it was judged unsafe to give him active purgatives by the mouth at once, in case of the great gut being firmly obstructed with hardened fæces, a turpentine injection was properly administered by the clinical clerk in charge of him. The result was a "prodigious discharge of fæcal matter of all degrees of consistence," much of it composed of very

hard scybala. A dose of jalap and calomel given immediately after this forerunner, brought away also a great mass of fæculent matter. Next day, being quite well, but with the abdomen as large as ever, another similar dose occasioned only an ordinary discharge. On the third day, the swelling being equally great, though now quite uniform, and everywhere clear on percussion, I gave him what has always appeared to me the most effectual of all safe energetic purgatives in cases of simple fæcal accumulation—two drachms of oil of turpentine with six drachms of castor oil in the form of emulsion. But he had only two scanty loose discharges, and the belly continued in the same state, presenting especially the singular enlargement and overlapping of the iliac regions.

It was now apparent that, owing to long continuous distension of the bowels with fæces and gases, their muscular coat had lost its tone, in some regions at least, and especially in the cæcum and descending colon. It was then proposed by the clinical clerk to resort to galvanism for relief from this paralytic condition; which suggestion was at once adopted. It is more than twenty-five years since galvanism was recommended as a useful remedy in cases of obstinate constipation; and we can easily see that it may be useful, and upon what principle it acts. The first way of using it was by directing the galvanic current from the mouth to the arms; and in that way it seems to have been most effectual and prompt in some cases. But its action is thus rather painful; and ulterior observation has shown that passing the current in various directions through the abdomen itself may be sufficient. This remedy seemed even more applicable to the state of our patient after the bowels had been cleared out. And accordingly it acted with wonderful energy and success. After the current had been passed for some time from before backward, as well as from side to side, he had in an hour a copious evacuation, in three hours another, and next morning a third. Flatus was also discharged in abundance; and the abdomen fell greatly, but still not completely, above all in the iliac regions. The pain of the galvanic action, however, had been so great that the patient begged to have a day's respite. In fact, he declared his willingness, and confirmed it with an oath, that he would rather be shot again than submit to be galvanized a second time. On the second morning, however, the remedy was applied more gently, and on two mornings subsequently. He had a daily discharge from his bowels, and sometimes two. The abdomen had now become natural in size and form. Since then he has had a natural evacuation every morning, without aid from either laxative or galvanism. He was dismissed after being fourteen days in Hospital.

This is a case a little out of the common run, but not without instruction; and I have therefore thought it well to bring the chief circumstances under your notice. It is an excellent illustration of the influence exerted by galvanism over the animal functions. It appears to me to hold out a probability that the same remedy may prove serviceable in restoring the tone of the intestinal muscles, in other forms of inconvenient chronic flatulent distension of the abdomen.—*Edinburgh Monthly Journal of Medical Science.*

## EARLY HISTORY OF THE MEDICAL PROFESSION IN NORFOLK CO.

[Concluded from page 220.]

## FRANKLIN.

FRANKLIN, originally a part of Wrentham, was set off from that town August 29, 1737, and incorporated March 2, 1778.

Dr. Ebenezer Metcalf, the eighth child of Elder Michael Metcalf, was born June 1, 1727, and "died March 30, 1801, in the 74th year of his age." He was a physician in Franklin, of good reputation. He had one son only, Paul Metcalf, born in 1766, and died August 9, 1793. He also was a physician, and lived in his native town.

Dr. John Metcalf was a physician in Franklin for half a century, from 1753 to 1808. He was born in Wrentham, July 3, 1734; was a descendant of Michael Metcalf, who emigrated from England in 1637. Dr. Metcalf was a medical pupil of Dr. Joseph Hewes, of Providence. He had in Franklin and vicinity an extensive and successful practice, and was the medical instructor of several pupils, among others of Dr. Amos Holbrook, of Milton. For three years he was representative to the General Court, and was a colonel of militia in the time of the Revolution. In 1808, when he had become too infirm longer to sustain the labors of his profession, he removed to St. Albans, Vt., where he died Aug. 22, 1822, aged 88.

Dr. William Pitts Metcalf, son of Dr. John Metcalf, was born June 30, 1775; studied medicine with his father, and settled in Franklin, where he still resides, but has never been very actively engaged in medical pursuits.

Dr. Lewis Le Prillette was a French surgeon. He came to this country in 1782; resided for a time in Norton, then at Roxbury, and finally in Franklin, where he died 29th July, 1804, æt. 54. His remains were carried to Roxbury for interment, where a handsome stone with a Latin inscription marks their resting place.\*

Dr. Nathaniel Miller was a native of Swanzey, where he was born April 23, 1771. In 1775 his parents removed to Rehoboth. At the age of 19 he was apprenticed to Dr. Le Prillette, then a resident in Norton, and eminent in his profession as a surgeon. He soon acquired, by his industry and mechanical ingenuity, the confidence of his instructor, which in time ripened into the most intimate friendship, and was continued during his life. Having completed his medical studies, by the advice of his patron Dr. Miller went to St. Domingo, with the intention of establishing himself in his profession. But his education and habits were not adapted to that sphere. He found little sympathy and less employment in his new abode; his funds became exhausted; and after some months passed in very trying circumstances, he returned to the United States and once more received substantial aid from his early benefactor. For a time he became an inmate of Dr. Le Prillette's family at Jamaica Plain, affording him such aid in his business as he required.

\* The following is a copy of the inscription:—"In memoria Doctoris Ludovici Le Prillette, Mass. Med. Soc. Socii, nati Nante in Gallia, Oct. 10, Anno Domini MDCCL. Advenit Americam MDCCLXXXII. Obiit carcinomate in glandulâ prostata, Julii die 29, MDCCIV., Ætat. suæ 54. Celeberrimus in Chirurgia."

At length, both Dr. Miller and his patron settled at Franklin, about the year 1799 or 1800; and from that period his eminence as a surgeon may be said to have been established. He was accustomed to perform all the more important surgical operations from the commencement of his career. He was a very cautious, ordinarily successful, but by no means rapid operator. He rested his reputation on the correctness of his diagnosis, and upon the final result of his operations, rather than upon their number, or the celerity with which they were performed. He was observing, cautious, inquisitive, rather than original. He knew how to draw out from other men the knowledge they had acquired, and, having revolved it thoroughly in his own mind, and incorporated it with his own thoughts, to appropriate it to practical purposes, as an original treasure. He prided himself on the delicacy of his touch, by which he was sometimes enabled to detect deep-seated matter, when it had eluded the observation of others; and thus by a timely operation to save a valuable life which might otherwise have been lost. He was peculiarly careful of the reputation of those physicians who confided in his judgment and called him in consultation. He adopted it as a principle, in every such case, to sustain the reputation of the physician who sought his counsel, and if possible to elevate it in the estimation of the patient. How much more honorable is such a course than the low, pettifogging, envious spirit, which seeks to add to its own fame by destroying the good name of a brother in the same calling. In consequence of his habit of careful observation, he was sometimes able to detect among tumors usually considered malignant, varieties which might be successfully removed. Such a case occurred in Harvard many years ago. A lady was afflicted with an abdominal tumor, supposed to be malignant, extending from the epigastrium to the pubis, which he removed in 1808 or 1809 by a protracted and careful dissection. The tumor was situated under the muscles, but external to the peritoneum; was of a reddish color, and in appearance "had some resemblance to kidney," weighing  $11\frac{3}{4}$  lbs. The cure was complete; the case in all respects remarkable, and should have been published. The facts were related to me by Dr. Ephraim Stone, still living, and now of Boston, who was present and assisted in the operation and had the care of the patient during the progress of the cure. The patient survived many years.

Dr. Miller frequently performed the operation of lithotomy, commonly but not always using the gorget. In the early periods of his practice, before the establishment of eye infirmaries, he was much consulted in diseases of that organ, and had the reputation of a successful oculist. Ordinarily he preferred the extraction of the lens to its depression in cases of cataract.

Dr. Miller was exceedingly happy in his domestic relations. As a wife and mother, Mrs. Miller possessed very remarkable accomplishments. "The heart of her husband safely trusted in her." He left two sons, eminent in the profession, and an example of devotion to his favorite pursuits worthy of all commendation. His death occurred June 10, 1850, at the age of 81.

## ROXBURY.

Roxbury was incorporated Sept. 28th, 1630. Among its earliest and most respected inhabitants was George Alcock. He was made Freeman May 16th, 1631, having filed his application the preceding autumn. In December, 1640, he made his will, directing that his debt of £40, which he had in his hands, should be paid to his son John; also that his house and lands should be improved for the best for the education of his children, and the half of the revenue of the farm, together with the wisest improvement of his £40, to educate his son John in "learning"; the other half to educate son Samuel. Thus highly did our puritan ancestors prize good learning. Next to piety towards God, a good education was the highest boon they sought for their offspring. "Child," said the mother of Dr. Increase Mather, as he left his home for the College, "if God make thee a good Christian and a good scholar, thou hast all thy mother ever asked for thee."\* Such were the views of George Alcock respecting his sons; and his hopes were realized.

Dr. John Alcock, the eldest son of George, graduated at Harvard College in 1646, pursued the study of medicine, settled as a physician in Roxbury, was a man of worth and much respected. He died in 1667, at the age of 42.

Dr. Samuel Alcock, a brother of the preceding, graduated at Harvard College in 1659, became a surgeon in Boston, and died March 18, 1677, aged 39.

Dr. John Glover, a native of Dorchester, who graduated at Harvard College in 1650, received a medical degree at Aberdeen, and settled as a physician at Roxbury. He was a benefactor of Harvard College, and is supposed to have died before the close of the century.

Benjamin Tompson was the son of Rev. William Tompson of old "Brantry," where he was born July 6, 1642. He graduated at Harvard College in 1662, and settled at Roxbury, where he became eminent as a physician and school-master, with some celebrity as a poet also. This town, indeed, which Johnson says "the Lord so blessed, that in the room of dismal swamps and tearing bushes, they have very good fruit trees, fruitful fields and gardens," seems to have been fruitful in poets also. About the year 1639, "the New English Reformers" committed the Psalms of David to the reverend clergymen of Roxbury and Dorchester to be rendered into metre suitable to be sung in the churches. This task they undertook and accomplished, yet it would seem not quite to the satisfaction of the good Mr. Shepard of Cambridge, who, after having examined their version, expressed his opinion of it by addressing to them the following couplet:—

"You Roxb'ry poets, keep clear of the crime,  
Of missing to give us very good rhyme;  
And you of Dorchester, your verses lengthen,  
But with the text's own words, you will them strengthen."—*Magnal. i.*, 367.

In the town records of Braintree the death of Mr. Tompson is thus noticed—"Mr. Benjamin Tompson, practitioner of physick for above thirty years, during which time he kept a grammar school in Boston,

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\* Pierce's History of Harvard College, p. 51.

Charlestown, and Braintree ; having left behind him a weary world, eight children and twenty-eight grand-children, deceased April 13, 1714, and lieth buried in Roxbury, aged 72."\*

Dr. Jonathan Davies came, it is understood, from Maine. He graduated at Harvard College in 1738. On the College catalogue his name is written Davis. His reason for changing the spelling is unknown ; perhaps from some whim or dislike to persons bearing the same name. He married Sarah Williams, and had but one child, that died in infancy. The tradition is, that for a considerable period he attended most of the families in the town, and that he was a reputable physician.

Dr. Thomas Williams was born at Roxbury, October 12th, 1736 ; graduated at Harvard College in 1757 ; studied medicine under the direction of Dr. Thomas Williams of Deerfield ; returned and settled in Roxbury on the ancestral estate, and continued in the practice of his profession, with reputation and success, until September 10th, 1815, when he suddenly died. On that day, being in his usual health, he had occasion to visit a patient at Quincy. Just as he was about to return, he complained of indisposition, and asked for a glass of water ; and having drank it, he immediately fell from his chair and expired without a groan. Thus closed the career of a physician who was distinguished through a long life for his industry and devotion to professional pursuits.

Dr. John Bartlett was born in Boston in June, 1760 ; graduated at Harvard College in 1781 ; studied medicine with Dr. John Warren ; commenced business in Roxbury in 1787, and continued in practice until within five years of his death, which occurred November 26, 1844, at the age of 84. The occasion of his relinquishing business was the loss of sight by cataract, not the loss of health. He was much esteemed by his patients and friends ; possessed a pleasing countenance and manners ; was rarely absent from his circle of business ; was totally opposed to new theories and new modes of practice ; and being entirely satisfied with his daily routine of duty, he usually succeeded in giving equal satisfaction to his employers.

Rufus Wyman, M.D., was born at Woburn, July 16, 1778 ; graduated at Harvard College in 1799 ; and studied medicine in Boston under the direction of Dr. Brown and Dr. John Jeffries. He first settled as a physician in Boston, where he was for one year an assistant of Dr. Jeffries. He then, on account of a commencing pulmonary disease, removed to Chelmsford, where he was much beloved and had an excellent reputation as a physician.

In 1817 he was appointed Physician and Superintendent of the Mc Lean Asylum at Charlestown. To the best interests of that institution

\* EPITAPH.

Sub spe immortalis.

Ye herse of Mr. Benjamin Tompson,  
learned school master and physician,  
and ye renowned poet of New England,  
Obiit Aprilis 13, anno Domini 1714,

et ætatis suæ 74 ;  
mortuus, sed immortalis.

He that would try,  
What is true happiness indeed,  
must die.

he was unremittingly devoted during the seventeen years in which he was its Superintendent ; having been absent during the first twelve years but one night from his post.

In 1834, owing to his ill health, it became necessary for him to resign a situation which he had held to the universal satisfaction of the Trustees and the public ; and he removed to Roxbury, with an intention of devoting himself to agricultural pursuits. Until the close of life, however, he continued to be much consulted in relation to the sick, especially the insane. He died of bronchial inflammation, June 22, 1842, aged 64.

Dr. Wyman was admitted a fellow of the Massachusetts Medical Society in 1803 ; was elected its President in 1840 and 1841 ; delivered the annual discourse, on the subject of Mental Philosophy as connected with Mental Disease, in 1830 ; was a friend and advocate of temperance, and was, at the time of his death, President of the Norfolk County Temperance Society.

Dr. Nathaniel Shepard Prentiss was born at Cambridge, August 7th, 1766 ; graduated at Harvard College in 1787 ; studied medicine with Dr. Israel Atherton of Lancaster ; first settled at Marlborough, where he remained nine years in full practice, and then removed to Roxbury ; was appointed Principal of the Grammar School, an office which he retained until after the death of Dr. Williams in 1815. For thirty years he was Town Clerk of Roxbury ; was occasionally a Representative to the General Court, and for some years had frequent calls as a medical practitioner. He was faithful to every trust ; a man greatly beloved. He is still living, resident with a daughter in West Cambridge, calmly and confidently waiting his summons to depart.

Dr. Charles Williams Windship died at Roxbury, August 27th, 1852. He was the son of Dr. Amos Windship, of Boston ; graduated at Harvard College in 1793 ; was a medical pupil of Dr. Samuel Danforth ; afterwards went abroad, and received a medical degree at Glasgow in 1797. On his return he settled at Roxbury, and with the exception of three years passed in Cuba and eight years in Boston, there continued until his death. In stature he was rather below the medium size, was very neat and particular in his dress, possessed good natural abilities, and was well read in his profession. He was very decided in his opinions, and by some was represented as a little "*heroic*" in his practice. He had some very warmly-attached friends, but never sought or acquired a large circle of professional business.

Dr. Peter Gilman Robbins was the son of Rev. Chandler Robbins, of Plymouth, where he was born in 1779. He studied his profession at Andover, under the direction of Dr. Thomas Kittredge, and commenced the practice of his profession at Lynn. In 1814 he removed to Roxbury, and there continued until his death, which occurred May 18, 1852. He was admitted a fellow of the Massachusetts Medical Society in 1809, and sustained the reputation of a good physician and "truly benevolent and good man."

Dr. Samuel Rogers, graduated at Harvard College in 1828, M.D. 1831, was admitted a fellow of the Massachusetts Medical Society in 1832, and died in 1849, aged 41.

Dr. Benjamin Franklin Parker graduated at Harvard College in 1831, M.D. 1839; died in 1844, aged 33.

Dr. Anthony Woodside, M.M.S.S. 1844, settled at Roxbury, and died about 1850.

#### WEST ROXBURY.

West Roxbury includes what was formerly the second and third parishes of Roxbury, or Jamaica Plain and Spring Street Parishes. In early times few physicians made either of these parishes a permanent residence.

Dr. Lemuel Hayward, father of Dr. George Hayward now President of the Massachusetts Medical Society, was born at Braintree, March 22, 1749; graduated at Harvard College in 1768, and died March 20, 1821. Before commencing the study of his profession, he was engaged one year as "Master" of the Public School at Milton, and had under his tuition several pupils who became distinguished in after life; among them Hon. Edward H. Robbins, and Rev. Thomas Thacher. Having fulfilled this engagement to the universal satisfaction of his employers, he commenced and pursued the study of medicine under the direction of Dr. Joseph Warren. On the completion of his studies, by the advice of his preceptor he settled at Jamaica Plain, where his practice soon became extensive and lucrative. In 1775 he was appointed a hospital surgeon by Congress, but resigned his commission on the removal of the army southward. As early as 1776 he commenced the practice of inoculating for the smallpox. He continued to reside at West Roxbury until 1783, when he removed to Boston. He was elected a fellow of the Massachusetts Medical Society in 1784, and through life sustained an excellent reputation.

It is said that a Dr. Willard succeeded Dr. Hayward, respecting whom I have been unable to obtain any satisfactory information.

Dr. Lemuel Le Baron was the son of Rev. Lemuel Le Baron, of Rochester. He graduated at Brown University in 1799; studied medicine with Dr. Thomas Kittredge, of Andover; settled at Jamaica Plain in 1803, and in 1814 removed to Roxbury street. There he continued to reside until 1821, when he became melancholy and partially deranged. He then removed to his native village, and afterwards to Rochester, N. Y., where he died in 1848, aged 73. He was, during his residence at Roxbury, an active and judicious physician, and his deplorable malady was a subject of much lamentation.

Dr. Andrew Foster was the son of Bossinger Foster, Esq., of Cambridge. He graduated at Harvard College in 1800, M.D. 1812, and first settled at Dedham. He removed to Jamaica Plain in 1815; was an excellent man, well educated, a pleasant companion, and universally respected. He never acquired in Roxbury a large share of professional business. After the death of his brother, Dr. Thomas Foster of Cambridge, he removed to that place, where he died in 1831.

Dr. Abijah Draper appears to have been the earliest resident physician in the southerly part of West Roxbury. He was a native of Dedham; graduated at Brown University in 1797; studied medicine with Dr. Ames; settled in West Roxbury in 1802; had a good medical re-

putation and business; was highly respected as a citizen, and was much employed in town affairs. He died March 26, 1836, aged 60.

#### BROOKLINE.

Brookline appears to have been a part of Boston from its first settlement. It was incorporated in 1705, but long before that period became the residence of a few families.

Dr. Thomas Boylston was the son of Thomas Boylston of Watertown, and was the earliest physician or surgeon in Brookline. He was probably born January 26, 1637, and died in 1695, at the age of 58. He was the father of Dr. Zabdiel Boylston, the earliest inoculator for smallpox in the British dominions. The latter, although a citizen of Boston, was much employed as a physician in his native town, and indeed throughout all the region. He lived to the age of 86, having survived all his calumniators. His remains were deposited in the family tomb at Brookline, on which is inscribed the following just tribute to his memory.

“Sacred to the memory of Dr. Zabdiel Boylston, F.R.S., who first introduced inoculation into America. Through a life of extensive benevolence, he was always faithful to his word, just in his dealings, affable in his manners, and after a long sickness in which he was exemplary in his patience and resignation to his Maker, he quitted this mortal life in a just expectation of immortality, March 1, 1766.”

Dr. William Aspinwall was born in Brookline, May 23, 1743; graduated at Harvard College 1764; commenced his studies in Connecticut under the direction of Dr. Benjamin Gale, and completed them in Philadelphia, where he received a medical degree in 1768. He then returned to his native town. In the Revolutionary war he was a regimental surgeon, and for some time deputy director of the hospital at Jamaica Plain. He was personally engaged at the battle of Lexington; and after the death of Dr. Boylston succeeded him as an inoculator for smallpox, and established in Brookline a permanent hospital. In 1788 he obtained a grant to keep his establishment open, not only when the disease was epidemic, but at all times. His success inspired universal confidence. He was well skilled in his profession. When vaccination was first introduced, after a careful examination of its claims, he said to Dr. Waterhouse—“This new inoculation will take from me a handsome annual income, yet as a man of humanity I rejoice in it.” Dr. Aspinwall became wholly blind from cataract some years before his death, which occurred April 16, 1823, at the age of 80.

Dr. William Aspinwall, Jr., son of the preceding, graduated at Harvard College in 1804, studied medicine, and became associated with his father in business. He died April 7, 1818, aged 33.

Dr. William Eustis graduated at Harvard College in 1830, received a medical degree in 1838, and became a resident in Brookline, where he died in 1843.

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I have thus, gentlemen, noticed, as fully as your time and my means

of information would permit, the general character of most of the physicians in the County who have preceded the present generation.

In this sketch, the names of some worthy men may have been overlooked. Others may have received a more or less extended notice than they were entitled to by their relative merits. Much of the information communicated having been received by tradition, it can scarcely be expected that all errors should have been avoided. If any such have been noticed by members of the Society now present, or should they be detected hereafter, I shall feel grateful to any gentleman who will kindly point them out, and favor me with the means of correcting them. Permit me, in conclusion, to acknowledge thankfully my obligations to all those persons, in the profession and out of it, who by correspondence, furnishing documents, and in various other ways, have afforded me essential aid in prosecuting the inquiries the result of which I have now presented.

Gentlemen,—If the effort, which at your suggestion and in accordance with your appointment, I have made to revive the memory of those who have heretofore filled the stations we now occupy, shall prove acceptable to you and to other medical brethren of the County; especially if it shall have a tendency to elevate our noble profession in view of the public and to stimulate any of our successors to a more faithful performance of duty, I shall feel that my humble labors have met an ample reward.

#### NOTE A.

The Oath of Hippocrates is preserved in the Hippocratic writings, and is substantially as follows. I use the somewhat free but elegant translation of Professor Felton of Cambridge, as given in his recent course of Lectures before the Lowell Institute, on "The Life of Greece."

"I swear (calling on the gods to witness) that I will fulfil religiously, according to the best of my power and judgment, the solemn promise and the written bond which I now do make. I will honor as my parents the master who has taught me this art, and endeavor to minister to all his necessities. I will consider his children as my own brothers, and will teach them my profession, should they express a desire to follow it, without remuneration or written bond. I will admit to my lessons, my discourses, and all my other methods of teaching, my own sons and those of my tutor and those who have been inscribed as pupils and have taken the medical oath, but no one else. I will prescribe such a course of regimen as may be best suited to the condition of my patients, according to the best of my power and judgment, seeking to preserve them from anything that might prove injurious. No inducement shall ever lead me to administer poison, nor will I ever be the author of such advice. I will maintain religiously the integrity and purity both of my conduct and my art. Into whatever dwellings I may go, I will enter them with the sole view of succoring the sick, abstaining from all injurious conduct, and observing the strictest propriety and purity of demeanor towards all. If during my attendance, or even unprofessionally in common life, I happen to see or hear of any circumstances which should not be revealed, I will consider them a profound secret, and observe on the subject a religious silence. If I observe this oath and do not break it, may I enjoy prosperity in life, and in the practice of my art, and obtain general esteem forever. Should I transgress and become a perjurer, may the reverse be my lot."

## NOTE B.

Boston Society of Natural History. First April Session. The President in the chair. The Secretary read a paper in behalf of Dr. W. J. B. on the sedative action of the poison of the rattlesnake, of which the following is an extraet. Dr. Oates, of St. John's River, Fla., having frequently witnessed the effect of the use of alcoholic spirits upon the bites of venomous animals, and particularly that of the rattlesnake, and perceiving that not only was the action of the poison arrested, but that under such circumstances the system seemed scarcely capable of being intoxicated with alcohol in any form—was desirous of reversing this experience by trying the effect of this poison when introduced into the system of a person thoroughly intoxicated. This he performed through the stomach, instead of the circulation direct. For this purpose he carefully extracted a small quantity of the poison from a healthy active snake, and incorporated it into several bread pills. He then intoxicated himself considerably with brandy, after which he took one of these pills; its effect was soon to diminish the pulse and to completely neutralize the intoxication. He afterwards repeated the experiment, but with larger doses of both brandy and poison-pills; and although the intoxication was pretty deep, three of the pills so reduced the pulse and depressed the whole system, that from danger of collapse powerful stimulants had to be quickly resorted to. These and other subsequent trials fully showed him the profound sedative action of this product, which is probably unequalled by that of any other known substance.

In this connection I may add (says the author of the preceding communication) that a case was stated to me a short time since, by a physician knowing authentically the circumstances, of a man in Athens, Ga., who while lying in a very intoxicated state, under a fence, was bitten by one of these animals; the result was, that very speedily the intoxication was neutralized, and although the snake was very large and active no harm followed the wound.—*Daily Evening Traveller*, May 17, 1853.

## GENEVA MEDICAL COLLEGE.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—In your Journal of Oct. 5th, 1853, I notice the following paragraph relating to *Geneva Medical College*.

"Geneva Medical College is said to have died a natural death, only seven students appearing when the lectures were to commence."

As this conveys an erroneous impression, I deem it proper to state the facts in the case, that the profession may be able to decide whether the death was natural, or from violence, or other cause.

Owing to some difficulties between the Medical Faculty and the Board of Trustees, in 1849, four members of the Geneva Faculty consented to accept professorships in the Medical Department of the University of Buffalo, the establishment of which the same year grew out of these difficulties, while at the same time they continued their connection with the Geneva College. This was done with the consent and approbation of the Board of Trustees, who could have vacated our chairs at any time, if thought expedient. It ought, perhaps, to be stated,

that Geneva Medical College was established in 1835, when there were only two other medical colleges in the State—the College of Physicians and Surgeons of the City of New York, and the Western Branch of the same at Fairfield. The Fairfield school closed in 1840, with 83 students, and a portion of the Faculty joined the Geneva school. From this time, to 1848, the number of students at Geneva was—1840–1, 134; 1841–2, 163; 1842–3, 175; 1843–4, 195; 1844–5, 183; 1845–6, 184; 1846–7, 158; 1847–8, 115. Average number, 163. The Buffalo school, established 1848–9, divided the students with Geneva, so that both schools since that time have not had a much greater number than Geneva previously. The course at Geneva was the same year changed to a spring course, since which time the class has annually averaged 74 in number; in 1850 reaching as high as 104. When the Geneva school was first established, it drew largely from Michigan, Illinois, Ohio, Canada, &c.; but since that time, the medical schools at Ann Arbor, Mich.; Chicago, Ill.; Cleveland, Ohio; Toronto, Can. W.; &c., have been opened, and but comparatively few students now leave those States for medical education, unless they go to Philadelphia or New York.

Last June, at the close of the spring session, it was determined, contrary to my advice and wishes, that the term should again be changed to the fall, to open on the 14th of September; thus allowing but a little over two months to make known the change, by the distribution of circulars, and through the usual channels of advertising. In the mean time, one of the weekly papers, published at Geneva, began to agitate the question of the expediency of *converting the medical building into a State Agricultural College*, a charter for which had recently been obtained from the Legislature, and a farm purchased for the purpose within three miles of the College. The articles which were published on the subject, were written by a medical man (who has for some time been inimical to the school), and doubtless with the intention of preventing the assembling of a class at the opening of the session. The proposal of such a change with regard to the building, thus originating in the very place where the College was located, was noticed in most of the papers throughout the State, in such a way as to leave the impression that such change would probably be effected, and that it was very doubtful, at least, whether another medical course would be delivered in Geneva. The effect of these publications was only known when too late to be prevented, and on reaching Geneva at the opening of the term I found, as anticipated, and as I stated before leaving New York, would be the case, but few students in attendance. In the course of a week they increased to about twenty. Under these circumstances, and with a knowledge that one of the professors, at least, would be unable to give his course at all, and another, owing to ill health, but a partial course, the whole matter was laid before the students, who unanimously agreed on the expediency of passing over or omitting the present course, and nearly all of them expressed their intention of attending at Buffalo, with which Faculty *three* of the Geneva professors are still connected.

Your readers may judge, from this history, whether “Geneva Medical College has died a natural death,” or any death at all; or whether

it is merely a case of suspended animation. With proper appliances it seems not improbable, that a school which has always taken a high rank among the medical colleges of the State, and has its alumni scattered throughout every part of the Union, might with proper exertions still be kept up; but whether the present faculty will deem it expedient to encounter an opposition originating at its very doors, and sustained and encouraged by those, to whom they have a right to look for support and defence, remains to be decided. My own views on this point are very clear and decided.

CHARLES A. LEE, M.D.

October, 1853.

Dean of Geneva Med. College.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 19, 1853.

*Public Amusements.*—The customs of New England, in regard to a rigid and constant application to business, are an anomaly to visitors from abroad, and there is no doubt that this application is carried to excess. Some persons speak very decidedly about the sin of wasting the precious hours of youth in worldly folly; but there is nothing repugnant to their moral sense, if these hours are only turned into money. In commercial cities, more particularly, the chief object of life is to get gain. The one absorbing idea is to become rich; but, unfortunately, there is no stopping place. No one ever has enough, and consequently a large proportion of business men keep on at full speed for more, till they drop dead on the course, although for years they had been possessed of enormous wealth. Avarice, therefore, is developed by increasing possessions. This determination to hoard money, allows of no opportunity for relaxation, and therefore all who are operating in any way within the magic circle in which business of magnitude is transacted, must do as others do, or be cast off. Thus holidays are few and far between, although known to be resting periods for the industrious masses, and promotive of health and a cheerful spirit. The Fourth of July, Thanksgiving Day, and an occasional military review, are the only prominent days of relaxation. Some will not allow their children to dance, because they consider it a frivolous waste of life; others forbid it because it is absolutely wicked, according to their belief, which of course is right. Many eschew theatres as the focus of moral corruption; shows cost money; concerts are nothing but sound; sporting is unprofitable; and all mere accomplishments are vanities. Under such training the youth of New England have too little rational amusement to counterpoise the bad effects of their incessant industry. Formerly, when our State election was celebrated in the Spring, there was in Massachusetts a holiday which gave a general relaxation from toil; but in our generation, election comes in the dead of Winter, when nobody is comfortable in the open air. Public amusements are conducive to order, as well as to health, and should be more extensively encouraged.

*The Population of the World.*—No wonder some of the old philosophers could not comprehend how population was always on the increase, when

they reflected upon the amazing number of deaths occurring daily by the most common agent, disease, as well as those by accidents, by self-destruction and the sword. As the laws, however, which regulate the increase and decrease of the human race are examined, it is found that chance is quite out of the question in relation to this matter, as these laws are immutable. With the lower animals the same system obtains. Whenever they are too numerous, and disproportioned to a section in which they are constitutionally fitted to range, there being more mouths than food, a distemper quickly reduces the number, so that it is not too great for the produce of the soil on which they must subsist. There are occasional pestilences in particular localities of the sea, and fishes die by thousands, the cause of which has never been satisfactorily explained. It is presumed, however, to have reference to the extent or quality of their feeding ground. But with all the enginery of nature, and often united with art, to hasten the triumphs of death over all organized beings, from man to monads, life is still in the ascendant. There are more men on the globe in 1853, than there probably ever were before. Civilization, with its accompaniments, tends to prolong life; and it is reasonable to suppose, as the earth is abundantly able to sustain an immensely increased population, that by extending a knowledge of agriculture and hygiene, and cultivating the arts of peace, there may come a time in the distant future when ten thousand millions of human beings shall inhabit the earth. All the wild animals, with a large part of the domestic, are destined to give way for this great increase. The services of the latter can be dispensed with, as new applications of steam and electricity, and perhaps other powers yet to be discovered, are made servants to the lord of this lower world.

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*Writers no Practitioners.*—A singular objection is brought by the illiterate, against those physicians who have a reputation as medical writers. They conceive there is an incompatibility in the union of the two kinds of business. There are illiterate medical pretenders in New England, whose services are much in request, and whose claims are especially acknowledged on account of the opinion that *they can "scarcely read or write!"* They are skilful by intuition! Many have been known to underrate very deserving medical men because they "*know nothing but what they read in books!*" To be a writer, in their estimation—that is, one who communicates his thoughts upon subjects, scientific or medical—is to be wholly unfit to prescribe for the sick. Ignorance has its advocates everywhere; but that it should be esteemed a virtue in a medical man, is no less extraordinary than susceptible of demonstration. A month rarely passes in which some ignorant but bold charlatan does not make his appearance in our cities, to fleece that particular class of people who go to all the new doctors. If they really possessed the qualifications of which they boast, they never would descend to the tricks on which their success depends,—and yet those very low exhibitions of humanity are the true baits by which gudgeons are caught. When education shall become so universally diffused as to elevate the masses, those who deign to read for instruction, and write for the benefit of others, will have the recompense due to efforts of the highest professional order.

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*Medical Platforms.*—A certain Dr. Cook, at the West, announces, through the press, that he stands on the *Baltimore Platform* in physic. This is gratifying intelligence, no doubt, to those who know what is meant

by a sectional platform. Had he referred to a political foundation, under that cognomen, he would have been understood; but we are sadly in the dark in regard to the Baltimore doctrines. How ridiculous, for men who are educated for the purpose of alleviating the physical afflictions of their fellow creatures, to be perpetually splitting hairs in regard to the theory of accomplishing this work, which all acknowledge can only be properly done after systematic study of the organization of the body and the laws of disease. Those who are thus prepared, will have the confidence and patronage of those whose influence is worth having.

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*Medical Coroners.*—Massachusetts has fairly adopted the English principle, that physicians are very proper persons to be coroners. Every consideration is in favor of such appointments. Gov. Clifford, to his lasting honor, has broken away from the old stereotyped track, and commissioned gentlemen of professional qualifications to sit in judgment upon the causes of sudden death out of the ordinary course. The appointment of Dr. Stedman, of this city, was a gratifying acknowledgment of a change of executive sentiment. He was the first medical man, we believe, who ever held a coroner's commission in this Commonwealth. Last week, William M. Cornell, M.D., of Boston, was honored in the same manner. He will be equally zealous in the discharge of duty, and energetic, too, under all circumstances. If intelligence, activity and scientific qualifications are of any account in this branch of the public service, the County of Suffolk is extremely fortunate in the selection of two such trusty and well qualified officers.

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*Dr. Brown-Séguard's Experimental Researches.*—That very careful and accurate physiologist, E. Brown-Séguard, M.D., who gave a course of lectures in Boston last season, had the good fortune to have his experimental researches, as applied to physiology and pathology, attended by gentlemen who could appreciate his profound attainments. A synopsis of his discourses appeared in the Medical Examiner of Philadelphia, from the pages of which a reprinted volume has appeared, to be followed by a second, containing the author's experiments and clinical observations on some important points of the physiology and pathology of the different nervous centres. It makes an interesting book, of over 100 pages, and is very well printed. H. Bailiere, 200 Broadway, New York, is the Publisher.

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*New Theory of Disease.*—Alfred G. Hall, M.D., is the author of a treatise bearing the title—"Views of the New Theory of Disease, and the Treatment and Cure, based upon the Nutritive Principle; illustrative of the science of Fluid Physiology and the Chemical Properties of the Blood." Although published in 1852, at Washington, we have but recently heard of the work; and now we are not prepared to speak definitely of it, from not having given sufficient attention to the doctrine Dr. Hall seems ambitious to establish. Perhaps that which is obscure about it will be removed by further progress in the reading of the book.

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*The Cholera in England.*—The following remarks, from the London Lancet, on the appearance of the cholera in England, are of general interest, as there is every probability that the disease will not stop in its westward march.

"The indications of the march of cholera, if not decisive as to the approaching re-appearance of this terrible disease, are at least sufficiently marked to leave no doubt as to the necessity of immediately taking every precaution to mitigate the scourge. After traversing a large portion of the Continent the disease has made its appearance in Newcastle—the very town where it was first observed in 1849. It is reported that 86 cases and 37 deaths have occurred in that town, and almost an equal number in Gateshead. Mr. Grainger has been deputed by the Board of Health to advise with the local authorities of Newcastle upon the proper means of resisting the advances of the disease. The sanitary condition of these places is of the worst description. It offers a striking illustration of the well-ascertained law, that cholera, like other epidemic affections, is most destructive where pure air, pure water and cleanliness are most defective. The course to be adopted is not more logical than obvious. Great as is the value of medical and *individual* treatment in averting or remedying this disease, the general and hygienic measures are of incalculably greater importance. The whole of these hygienic measures may be summed up in a few words—*proper diet, pure air and water, and cleanliness.*"

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*Special Practice.*—Those physicians who have adopted this line of practice in Boston—attending exclusively to one branch of professional business—have been so successful as to induce some physicians in the large interior towns and cities, to adopt the same course. Among other advantages attending this plan, may be mentioned that the special practitioner, instead of laboring incessantly, has some periods of repose, as well as opportunities for reading and conducting inquiries, with a view of becoming as perfect as possible in the line of duties embraced in his specialty. It is a matter of observation that the people, in the more serious cases of disease, consult the man who gives his time to the study of one malady, in preference to another, however celebrated as a physician, who divides his thoughts and efforts among thousands. We have no doubt the plan would be found equally advantageous in other cities, both at the South and West.

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*Singular Effect of a Dose of Strychnia.*—Dr. J. G. Stephenson, of Terre Haute, Ind., communicates, in a letter to the editor, the following unexpected results from an attempt to poison an animal with strychnia:

"On the 6th inst. I gave two grains of strychnia to a dog twelve years old, that was entirely deaf, intending to kill him. After taking the strychnia he was left to go where he pleased. The next day he was not only as well as on the preceding day, but had entirely recovered from his deafness—and from then until now he has heard as well as ever.

"The strychnia used was the ordinary article of the shops, and was probably impure, but it had acted violently in previous experiments upon animals."

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*Buffalo Hospital of the Sisters of Charity.*—The accommodations at this Hospital have lately been increased by the completion of a new building, making its capacity about one third greater than heretofore. The original building has also been entirely remodelled. In the convenience and comfort which it now affords for the sick, it will compare favorably with the

best institutions of the country, and the opportunities\* which it offers for clinical instruction are excellent.—*Buffalo Medical Journal*.

*Medical Miscellany*.—When the coffin containing the body of Francis I. was opened at St. Dennis, a thigh bone of that monarch was found to measure 20 inches long—thereby confirming the historical account of his enormous size.—An idea has been broached that the disease of potatoes in Europe and America, the grapes, &c. &c., besides some of the other essential crops, is in consequence of the non-observance of the precepts of Moses, who ordained that the soil should be left fallow during every seventh year, as God rested on the seventh day.—James Thomas, of Liverpool, Eng., set up a claim for a license, that he was the father of 35 children!—Smallpox is as destructive as ever at the Sandwich Islands. Vaccination, however, has been so general as to limit the further progress of the pestilence.—A man was recently at Cincinnati, who eats nothing that is cooked, nor drinks anything but water. His meats, potatoes, and all his vegetables, are raw. He alleges that he has not eaten any cooked food for several years, and that any deviation from his present mode of living would most probably cause his death. He resides in Iowa.—Dr. G. M. Duval, formerly of Maryland, was shot dead in a street fight with S. N. Downs, at Sacramento, and Dr. H. C. Gillis was seriously wounded in a fracas with Charles R. Drew at San Francisco.—An important change in the manner of conducting the affairs at the Marine Hospital at Chelsea, has just been made by the authorities at Washington. The Steward, Dr. Mitchell, has been removed; this office abolished; and the charge of the institution has been committed to the surgeon, who is now made the head of the Hospital.—The young lady who has been in a somnolent state for over a month, at Harrisonburg, Va., died on Thursday last. The physicians pronounced it a paralyzation of the stomach.—There are now five sets of brothers, a brother and sister, and a father and son, in confinement in Connecticut State Prison; nine of these persons are colored. This extraordinary number of near relatives in a prison numbering but 183 convicts, is a very singular circumstance, and is probably without a parallel.—The Boylston Medical Prizes, offered by the Boylston Medical Committee of Harvard University, are open for competition to physicians in all parts of the country.

ERRATUM.—In the post-mortem examination of Dr. Newton, in last week's Journal, p. 226, the length of Dr. N.'s sickness should have been stated as *two weeks*, instead of "ten."

TO CORRESPONDENTS.—A Case of Poisoning with Cobalt, and remarks on Defective Vision and its Treatment, have been received.

MARRIED.—In Concord, N. H., on the 13th inst., M. C. Hoyt, M.D., of Bristol, N. H., to Miss Mary Brown, of Concord.—At Quincy, Mass., Wm. S. Patten, M.D., to Miss M. E. Appleton.—At Princeton, Charles W. Parsons, M.D. of Providence, to Mary H. Boylston.

*Deaths in Boston* for the week ending Saturday noon, Oct. 15th, 69. Males, 37—females, 32. Apoplexy, 1—disease of the bladder, 1—inflammation of the bowels, 1—strangulation of the bowels, 1—bronchitis, 1—consumption, 16—convulsions, 3—cholera infantum, 2—croup, 3—dysentery, 3—diarrhoea, 1—diabetes, 1—dropsy in the head, 2—debility, 2—infantile diseases, 3—puerperal, 1—erysipelas, 2—typhus fever, 1—typhoid fever, 2—scarlet fever, 1—hooping cough, 1—disease of the heart, 1—inflammation of the lungs, 7—marasmus, 1—measles, 2—old age, 2—pleurisy, 2—suicide, 1—scrofula, 1—disease of the skin, 1—teething, 1—thrush, 1.

Under 5 years, 27—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 11—above 60 years, 9. Born in the United States, 46—Ireland, 17—British Provinces, 1—England, 2—Italy, 1—Scotland, 1—West Indies, 1. The above includes 8 deaths at the City Institutions.

*Chloroform.*—Professor Horsford, of Cambridge, read, at the last meeting of the American Association for the Advancement of Science, an article on the fatal effects of chloroform.

Above fifty different preparations of chloroform were made, from which, together with many experiments, the Professor deduces the following conclusions:

"1st. That good chloroform does not spontaneously change in a period of nine months.

"2d. That the bad chloroform, containing free chlorine and hydrochloric acid, may be produced by using a bleaching salt of great strength, with a quantity of alcohol disproportionately small.

3d. "That the bad chloroform may be produced by receiving the distillate into water, so as immediately to withdraw the alcohol from the chloroform.

"4th. That bad chloroform may be produced by passing chlorine directly into chloroform.

"5th. That no formula for its manufacture can be relied upon as a guide, since bleaching salts vary in strength when derived from different factories, and vary with age. In the foregoing experiments, the range is 15 to 30 per cent.

"6th. That quick lime added to the mixture does not promote the economy of manufacture.

"7th. That the chlorine and hydrochloric acid of bad chloroform, as observed by Dr. Dwight, may be removed by agitation with a little alcohol.

"8th. That the ill effects observed in the administration of chloroform, are not due to the presence of chlorine, as the irritation is such, when it is attempted to inhale it, as to prevent inhalation altogether.

"9th. That the ill effects are not due to any poisonous product arising from the action of bleaching salt on the small quantity of fusel oil, in the alcohol employed in the manufacture of chloroform.

"10th. That the ill effects are due to peculiarities of constitution or temperament of some patients, and, in a few rare cases, to want of attention or judgment on the part of the person administering it."

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*Chloroform Inhalations.*—A writer over the signature of G., in the *Pennsular Journal of Medicine*, says of the safety of chloroform inhalation, "we consider it about as safe to the patient as a journey by railroad or steamboat to the passengers. Our rule is never to use it in trivial cases, when the operation requires but a single stroke of the knife, or actually recommend it in any case. We make to our patients the above statement of its comparative safety, and if they elect, we administer it, taking due care that it is well mixed with atmospheric air, watching closely the pulse and respiration. With these cautions, we bide our time, await our turn for an accident, and confess to a growing dread of the agent."

A better illustration could not have been given, and inasmuch as its use is liable to be attended with fatal consequences, we do not think so powerful an agent should be administered, except in protracted surgical operations.—*Amer. Journal Dental Science.*

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*Quackery in England.*—Of all countries in the world, England is that in which quacks and quackery flourish most. According to the census returns, there are nearly 30,000 persons practising one or more departments of medicine and surgery without qualifications.—*Manchester paper.*

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APHONIA OF TWENTY MONTHS' STANDING, RELIEVED BY IODINE  
INHALATION.

BY EDWARD B. STEVENS, M.D., LEBANON, O.

IN a communication to the American Medical Association, in its volume of Transactions for 1850, Prof. Pancoast has given the record of two cases of loss of voice—the one of six, the other of seven months' standing—both cured by inhalation of a dilut. chlorine vapor.

In connection with these cases, Dr. Pancoast remarks:—"The form of aphonia here alluded to, is that which practitioners must have met with, following an ordinary cold, without leaving any perceptible organic lesion in the pulmonary apparatus. The voice is reduced to a faint, hoarse whisper, distinguishable only at the distance of a few feet, and at continued attempt to talk, though it gives no pain, becomes quickly attended with a feeling of fatigue, as though there was some obstruction to the passage of air through the larynx. In breathing merely, there is little or no difficulty, in these cases, as the individuals are capable of undergoing considerable exertion without very unusual signs of fatigue. The difficulty has appeared to me to be in the paralyzed condition of the muscles of the larynx, whose business it is to dilate the rima glottidis, during the act of articulation."

The conclusion of Dr. Pancoast is, that such agent as will excite a healthy and proper degree of stimulation in the affected structure ought rationally to restore the power of articulation. He consequently used the dilut. chlorine vapor, with entire success in the two cases referred to—at the same time suggesting that iodine, or other similar agents, would doubtless produce a similar effect.

The following case of this kind lately occurred in my practice, chiefly remarkable from the long duration of absence of voice, being twenty months, in other respects similar to those related by Dr. Pancoast.

April 6, 1853.—Miss ——— applied for medical advice and treatment, in a case of loss of voice, of twenty months' standing, supervening upon a slight attack of influenza. Has been subject to brief attacks of hoarseness, lasting for a few days at a time, for several years. General health delicate. Since the present attack, has been subject to a great

variety of treatment, including the application of nit. silv. in strong solution, within the larynx, by means of the sponge probang. Nothing, however, produced any effect upon the voice. I find, upon careful examination, no especial evidence of disease in the fauces; there is an entire inability to produce sound of any description with the proper vocal organs; all attempts at speaking are made with the lips—*whispering*. But not being able to divest myself of the idea that a follicular inflammation of the throat and bronchial tubes was the cause of the mischief in some way, I commenced the treatment by directing the inhalation of nit. silv. prepared with the lycopodium, as an impalpable powder, and inhaled by means of the apparatus introduced by Dr. Ira Warren. This treatment was faithfully persevered in for one month, with no better results than the previously-tried remedies.

May 7.—Acting upon the idea suggested by Prof. Pancoast, of paralysis of the muscles of the larynx, I now determined to try the iodine vapor. I accordingly selected an apparatus, consisting of a metallic vase or urn, with a close-fitting cover, flexible tube, and mouth-piece attached (used some years since for breathing medicated vapors in the treatment of consumption). I directed my patient, after filling the vessel half full with hot water, to drop in twenty drops *tinct. iodine*, and inhale the vapor produced by the heated water. Inhalation to be repeated once to thrice daily, according to the irritation or effects, otherwise produced. The first inhalation produced great nausea for a short time, and copious bloody expectoration, but accompanied by an almost immediate, though partial, restoration of voice. The dose of iodine was directed to be reduced to fifteen drops; and thereafter no unpleasant effects were produced. The voice continued to improve steadily under this treatment, until, at the end of a week, it had acquired the natural fulness and distinctness of tone.

June 15.—More than a month has elapsed since the restoration of voice; it continues distinct and natural.—*Western Lancet*.

#### ON THE DORMANT VITALITY OF THE TOBACCO SEED.

BY W. S. STOAKLEY, M.D., OF NORTHAMPTON CO., VA.

A GENTLEMAN in my vicinity informed me that in cultivating his land, last spring, he had occasion to plough it very deep, and in so doing, he came in contact with something beneath the surface, which he found by examination to be a brick wall, the ground work or cellar of a building. Wondering that he had not discovered this before (the land having been cultivated for a number of years by him, and this having lain there unobserved up to this time), he came to the conclusion that it might be a bank of excellent manure. He resolved to cut it out. He did so. After digging several feet below the surface, he came to this layer or *stratum* of manure (a mixture of lime and earth), which he immediately carted out into his field. In a short time he observed, where he had placed this manure, a beautiful and thrifty plant, which, after it had attained some size, he found to be a tobacco plant, the seeds of which must have lain

dormant “upwards” of a century. For it has been longer than that since tobacco was raised in this county.

The farm on which this “subterraneous” wall was found, was *first purchased and paid for in tobacco*, as will be seen from the following note from Howe’s “History of Virginia:”—

“The labor of the colony, which had been for a long time misdirected in the manufacture of ashes, soap, glass and tar, in which they could by no means compete with Sweden and Russia, and also in planting vines, which require infinite labor and attention, and for which subsequent experiments have indicated the climate to be unfit, was at length directed, by the extended use of *tobacco* in England, almost exclusively to the cultivation of that article. This commodity, always finding a ready price, and affairs being now so regulated that each one could enjoy the fruits of his labor, was cultivated so assiduously as to take the attention of the planters too much from raising corn, so that it became scarce, and supplies had again to be looked for from England, or purchased of the Indians. The fields, gardens, public squares, and even the streets of Jamestown, were planted with tobacco, and this becoming an article of universal desire, it became, to a great extent, the circulating medium of the colony. Not only private debts, but salaries and officers’ fees were paid in tobacco; and the statute-book, to this day, rarely mentions the payment of money, that it does not add, as an equivalent, ‘or tobacco.’”

Now you will perceive from this, that it is probable that the seeds of this plant may have lain dormant for more than two hundred years. This wall, with which these seeds were *buried*, was on a portion of the farm that had been cultivated by past generations, and had not been discovered up to this time. Is it not possible that they may have lain buried from the first settlement of this part of the State?

I send this to you, Messrs. Editors, as an illustration or verification of an interesting physiological fact. “It is not sufficient that the organizable material be perfect; the influence of certain external agents are requisite to call into action the peculiar properties of the organized structure, viz., heat, light, moisture, electricity,” &c.—*Philadelphia Medical Examiner*.

#### THE SOUTHERN EPIDEMIC—IS IT YELLOW FEVER?

[THE following is translated from a French paper published in St. Charles, La. It is interesting, as showing the opinion entertained of the yellow fever—both as to its nature and treatment—in one of the places where it has so fatally prevailed the present season.—ED.]

The epidemic, instead of diminishing, increases. It appears, however, to have reached the height of its intensity, so we hope it will shortly decrease. In every house and family it has attacked, it has seized all indiscriminately; the master and the slave, the old and young, alike have fallen its victims. Moreover, members of the same family, living several miles distant from each other, have been simultaneously stricken down,

before the scourge had burst upon the dwellings that separated them. At present, were we asked—*Is it the yellow fever which thus decimates the country?* we should reply, with full proof, No! The prevailing epidemic is not yellow fever. We must admit it is a disease as fatal as the yellow fever, or the black vomit, but, we again repeat, it is neither one nor the other. Such at least is the opinion of several of our most able physicians, as well as my own, after having experienced an attack from the destroyer, and watched its course with our friends C. and M.

The epidemic is a bilious fever, which (often in a few hours) degenerates into putrid fever. Then the fever leaves the sufferer, the body mortifies, unexpected emesis of putrid matter follows, and death ensues.

In consequence of the rain which has fallen for several days together, with the unseasonable repairs now making in our highways, the roads in St. Charles Parish are perfect bogs, two or three horses being required to drag a vehicle but for a few miles, and at the slowest pace. Our physicians who are called from one end of the Parish to the other, cannot attend to their patients, their horses being all worn out. Drs. Lestrade and Lachamp tell me they have not laid down for some days; that often fifteen or twenty hours elapse, after being summoned, before they can visit the patient, notwithstanding all their exertions. Such delays almost always prove fatal to the sick person in this epidemic. We therefore think it necessary, for the benefit of those at a distance who cannot obtain immediate medical assistance, to recommend the following mode of treatment, which has proved the most successful in this neighborhood. As soon as the sick person feels headache, pains in the loins, stiff neck, heaviness in the stomach, feverish more or less, take a wineglassful of the following mixture:—Peruvian bark, two large spoonsful; camphor in powder, a pinch; sulphuric ether, ten drops; infused in a quart of boiling water; to be used when cold; after which take five grains of calomel every two hours if the fever is but slight, and every hour if the fever is high, until twenty-five grains of calomel have been taken. An equal weight of quinine may be taken with each dose of the calomel. One hour after the last dose administer a strong purgative of castor oil, taking every two hours after a small glass of the infusion of bark; frequent frictions to be made on the loins, stomach, abdomen, temples, and nape of the neck, with the following embrocation, viz.:—A spoonful of Peruvian bark in powder, to a cup of camphorated spirits. Enemas of linseed tea, with a spoonful of olive oil and a pinch of powdered camphor, should be frequently exhibited; and if colic occurs, emollient poultices to the abdomen. If the fever does not yield at the end of some hours, and the headache continues, blisters on the back of the neck, pit of the stomach, and inside of the thighs, according to the severity of the case, should be applied. The next day pursue the same treatment, diminishing the calomel to twelve grains, and omitting the quinine; the infusion of bark and frictions, as before, and the purgatives until frequent and abundant stools are produced. During convalescence, hot salt water baths should be used, and we recommend the mastication of small doses of camphor several times in the day.

## THE MEDICAL PROFESSION IN THE WEST.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Sickness and professional duties have prevented my writing you before, as was my intention ; and even now I have been obliged to write with more haste and with less care than I could wish.

For my own convenience, I shall in this article apply the term physician to regular practitioners, doctor to quacks of every description, and practitioner to all indiscriminately. The facts which I shall present, are applicable principally to this and other towns in northern Illinois.

Every town of my acquaintance is plentifully supplied with practitioners, there being, in all, at least one third, and in many, more than double the number found in eastern towns of similar size. Ottawa, with a population of about 4000 inhabitants, has twenty practitioners—*five* only being physicians—the rest of all grades, from the regular quack and popular homœopath, to the old-fashioned *steamer* ; nearly every system of error, now in vogue, having its representative here.

The country is less abundantly supplied ; but even there it is rare to find a location not already occupied by either a physician or a quack. Many embryo towns are, however, increasing with astonishing rapidity, and if one had patience to take a position and wait for a few years, he would find a population growing up around him, which would ultimately afford him a good practice. Those few, possessing merit, who do this, succeed well, and attain a degree of wealth and influence which seldom rewards the *physician* in town.

We have, I presume, in the West, some as good physicians as are found anywhere, but a large majority of the practitioners are, as I said before, quacks. Some of the worst of this class are those who profess to be physicians, yet who refuse to be governed by *any* code of medical ethics, or to associate themselves with others for mutual improvement or pleasure. They also, generally, have some other quackish propensities, and do not hesitate to take any undue advantage possible, of those whom they know will not stoop to retaliate upon them. We cannot, however, treat them with that cordiality of feeling which we otherwise would ; and for myself I do not hesitate, whenever I find it necessary to speak of them at all, to stigmatize them boldly as *quacks*, and to express my contempt for them, for I do most heartily despise quackery of every kind.

The community here having been so often imposed upon, have but little confidence in *any* physician ; and the consequence is, that we do not command that respect which is due the profession, or which it receives at the East ; and besides, it is very rare that we retain an individual or family *more* than two years. Said one of our best and most successful physicians to me this evening—"I find, this year, that two thirds of the names on my books are new ones—persons with whom I have been acquainted, but who have now employed me for the first time"—and I think that this will be found to have been the experience of all here.

The multiplicity and variety of quacks, the feeling of the community in regard to physicians, and the slight hold which we have upon our patrons (?), make the practice of medicine very unpleasant in the West,

and we often feel almost ready to abandon it entirely to the unprincipled and the votaries of error. Still we can but hope, that within a few years there will be a change for the better (worse it hardly could be), in these particulars.

We are availing ourselves of the benefits of association, and town and county medical societies are becoming quite numerous. We have also a State Society, which, although young, gives promise of much usefulness; and it commands, as it deserves, the confidence of physicians throughout the State.

Yours, &c.

Ottawa, Ill., Oct. 12, 1853.

J. O. HARRIS, M.D.

### SUPPOSED CASE OF POISONING WITH COBALT.

[Communicated for the Boston Medical and Surgical Journal.]

IN the month of October, 1852, I was called, at about 4 o'clock, P.M., to visit the child of ———, about 2 years old, said to be poisoned by drinking a quantity of fly poison (cobalt), prepared as usual for the extermination of flies. The quantity taken was probably about a gill. I have often seen cobalt, and from works on chemistry, learned something of its physical properties and its native combinations with nickel, arsenic, iron, copper, &c.; but of its physiological effects on man, I knew, and I must confess I still know, nothing. My impression was, that it owed its noxious properties to the arsenic with which it was impregnated, as will be apparent from the treatment. But arsenic prepared in like manner is not equally efficient for the destruction of flies.

The potion had been swallowed from two to three hours; a sufficient time for the development of any local or constitutional effects which it might be capable of producing.

I found the patient pale and prostrated, with a small, sharp, quick pulse; had vomited moderately, and with evident pain in the epigastrium. It was also a little inclined to be stupid or comatose, and the extremities were cold. The pupils were dilated, and but moderately affected by light.

*Treatment.*—Gave an emetic of sulph. zinc. I should say 3j. or more, followed in a short time by copious draughts of warm water, and tickling the fauces with a feather before the stomach could be made to act with sufficient energy. In this manner the stomach was most thoroughly emptied of its contents and rinsed out.

I then administered quite freely the *hydrated sesquioxide of iron*, as recommended for poisoning with arsenic; also albumen mixed with sugar; and occasionally, during the night, a little alcoholic stimulus, as symptoms of considerable prostration required. The extremities were kept warm by means of sinapisms, &c.

The violent symptoms gradually abated during the night, and the morning found the patient well nigh restored.

I wish, in view of the above, respectfully to propose the following questions to my brethren in the profession, anxiously desiring any information they may be able to communicate respecting the article in question,

as the liability to poisoning by it (if it be a poison) is very great, from its general use for destroying flies.

- 1st. Is cobalt a poison? and if so,
- 2d. What are the characteristic symptoms?
- 3d. What is known of the treatment?

Rush, N. Y., Oct. 10, 1853.

C. B. GALENTINE.

#### FOREIGN CORRESPONDENCE—LETTER FROM PARIS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In taking my pen to-day, I feel somewhat at a loss to know what to write, as there is so much worthy of record that it is difficult to make a selection of the passing medical events. However, I will give you a few items that may not be without interest.

I have not seen ether administered since I have been in Paris. Chloroform is used by nearly all the surgeons at the hospitals, if the state of the patient does not contra-indicate its use, and if the operation is of any importance. But very few accidents result from it, which must be attributed in part to the purity of the article used, and to the judicious precaution with which it is administered. It is very seldom given unless the patient is in an inclined position, with the chest freely exposed, and then upon a sponge, so that there can be no mistake in diluting the vapor sufficiently. However, M. Guersant, at the Hôpital des Enfants, uses an inhaler in administering it to children.

Among the means used to resuscitate patients upon whom the chloroform has had an unhappy effect, I would mention two or three that have come under my observation. At Hôpital du Midi, M. Ricord makes use of artificial respiration, as inflating the lungs by breathing into the mouth of the asphyxiated patient. Yet he places more reliance upon plunging the finger down upon the *epiglottis* in order to elevate it. For, as he maintains, it becomes paralyzed, and falling upon the opening of the larynx closes it up, thus preventing the ingress of air and producing asphyxia. A few days since, M. Maisonneuve, at Hôpital Cochin, administered chloroform to a man suffering from *tetanus*—the result of an injury upon the face. He had tried various remedies, but to no purpose, and finally decided to try the chloroform. He gave it with all necessary precaution, and continued its use for a little time, as it operated favorably upon the muscular contractions of the patient. But a moment came which filled the bystanders with terror—as the patient's face became livid, with an entire suspension of the respiration, showing that he was *completely* asphyxiated. M. Maisonneuve, with his accustomed coolness, called for a *bistoury*, and in a moment, with two strokes of the knife, opened the *trachea*, and respiration returned. But although the patient recovered from the effects of the chloroform and of the operation of tracheotomy, yet he died in a few hours. It was thought, upon an examination after death, that the operation was not the cause of his death ultimately, as but little blood was found infiltrated in the lungs.

At the Académie des Sciences there have been recently some very

interesting papers presented upon the *anæsthetic* effects of chloroform, and the best mode of administration. But among them, is one by M. Jobert (de Lambelle), the distinguished surgeon at Hotel Dieu, giving some experiments made by him upon dogs, cats and rabbits, with electricity, to show its power to re-animate the system from the effects of chloroform. These experiments have been highly interesting, and performed with great care, and in a variety of ways, in order to note every change that took place while inhaling this agent, and, in fact, as long as its effects remained upon the system, together with all the phenomena produced by the electric shock. The animals have been submitted to chloroform *alone*, without any mixture of air, and also with the atmosphere in more or less quantities, to illustrate the rapidity of its effects, as well as the gradual *anæsthesia*, and also what functions of the body are most susceptible to its influence. By these experiments, it would seem that the nervous system is first to succumb, which causes the sensibility of the skin and mucous surfaces to disappear; then muscular contractions begin to cease, but irregularly—those of the muscles before the diaphragm and ribs—with the respiration relaxed and intermittent; then an alteration takes place in the circulation—the beats of the heart being at first increased, then diminished, till there is final cessation—after which, at times, some evacuations take place. Such is the phenomenon upon the system, as presented in these experiments; and it is but reversed in the manifestation of returning life. It is also shown, that when the heart has ceased to beat for several moments, it is useless to seek to recall life, which is no more; although some irregular contractions of the muscles can be made, as is done when they are separated from the body; but it is equally true that when there are some contractions of the central organ, however inappreciable, they are susceptible of being increased by an energetic excitant, such as electricity.

M. Jobert applied the electricity in three ways:—First, by the excited sponges to the surface of the body; second, by application to the buccal and rectal membranes; and, finally, by the electro-puncture—the latter being the most active in extreme cases. I believe it is an established fact, that the blood in *anæsthetic* patients undergoes no change, in its color or nature, so long as the circulation and respiration are not interrupted; hence the necessity of being guided by the action of the central organ, the heart, in the administration of anæsthetic agents, for respiration may be suspended and death not take place. Not so with the circulatory apparatus. And it would appear from these experiments, that as the nervous system is the first to respond to the influence of chloroform, so electricity is a most *powerful* agent to *reanimate* that system when it has been lulled into repose by the soft zephyrs of that mysterious agent.

Erysipelas, of the phlegmoid type, prevails with much violence at this time in some of the surgical wards of the hospitals. Nearly every patient upon whom an operation is performed, is attacked, and in some cases it renders the operation abortive, especially if of the rhinoplastic character.

At the Académie de Médecine, there have been some animated dis-

cussions upon a variety of subjects. M. Piorry, in a report upon a memoir by Dr. Lecadre of Havre, upon intercostal neuralgia, took occasion, before a full Academy, to deny the *whole doctrine* of rheumatism. That is, that in this disease, there is no *special disposition* of certain organs to be *impressed* in a certain manner by the influence of atmospheric causes. The *diathesis* generally recognized as rheumatismal, when a part or all of the muscular system, or of the fibrous, becomes congestive and painful, and which changes from one muscle to another, or from one articulation to another, and perhaps attacking the fibrous tissue of the heart—all this grand pathological scene, which has been the subject of study and meditation for ages by physicians of the highest rank, M. Piorry would wish to overturn, and have rheumatism known as a *pathic locale*, that may be limited and circumscribed, to one muscle or to one articulation, independent of any specific cause, whether atmospheric or diasthetic. M. Piorry rested his negation upon a series of cases where some anatomic alterations of the uterus, testicles, kidneys and other organs, had been taken and treated as rheumatism. As you will see, this proves nothing, save some errors in diagnosis. The replies to this theory were of course strong and urgent, in true *allopathic* doses.

M. Carnot, in the Academy on the 13th inst., went into an elaborate calculation, from a variety of statistics, to prove that the mortality is displaced; that in the last century more children died than adults, while at present it is reversed—more adults die than children; and that the cause of this change was vaccination, which preserves children from smallpox and death, and prepares them at a more advanced age to perish with typhoid fever or phthisis. Such is the theory of M. Carnot, and which, notwithstanding his *arithmetic*, has as yet made but very few proselytes in the *corps médical Français*.

M. Danger gave, also, an interesting memoir upon the employment of iodine by inhalation. This is a practice which has been in vogue for many years. The substance of this paper is, that the iodine should be inhaled pure, in a dry and pure air, by deep inspirations, so that the breathing may not be fatigued, and the vapor may act directly upon the whole surface of the air-cells. In a quarter of an hour, as a calming means, pure air, with humidity, should be respired by the patient.

The medical commission, appointed by the Academy, to the Scientific Congress at Amiens, reported, at a late sitting of this body, some results of their deliberations; and among them they had come to the conclusion, after much discussion, that the long-mooted question of the contagiousness of cholera must be decided in the affirmative. Where are the *non-contagionists*? Here's a *morceau* for their digestion. Another question which the commission took into consideration, was, the best treatment of typhoid fever; and they settled down upon that of M. Leroy (de Béthu), which consists in the employment, in the commencement, of general and local bloodletting, cold drinks and lavements, with cooling applications to the abdomen. Such seemed to be the therapeutic basis of typhoid fever. In judging upon this practical question, the section have taken the ground—that this fever is a *phlegmasie*, not a *pyrexie*; that it is an inflammation of the mucous follicles of the intestines; that

it is neither the *putrid fever* of the ancients nor the adynamic fever of Pinel. At present, typhoid fever is quite prevalent in the hospitals of Paris, and of rather a severe type. The treatment is various. Some bleed, others adopt the purging and vomiting plan, while others exercise "*a masterly inactivity*," and give nothing.

Some interesting experiments have been instituted in Russia, relative to the influence of iron as a preservative against cholera. It is noticed that persons living in districts where iron is produced, appear to be more exempt from attacks of cholera, than those who live elsewhere. And another fact has been noted, that among artisans, the deaths of those who worked upon iron, in its various forms, were in the proportion of six to one hundred; while among those mechanics who labored upon other materials, the deaths were in the proportion of fifteen to the hundred.

M. Malgaigne, at St. Louis, last week, made another trial of the per-chloride of iron, in a case of aneurismal tumor. He injected four drops, but it was not successful in coagulating the blood. But this preparation has been used, of late, at the Hospital St. Antoine, upon patients afflicted with *varicose* veins of the legs. It has been tried upon three cases, and with perfect success. The limb is ligated above and below the enlarged veins, in the same manner as the arm is ligated for venesection. Then the per-chloride is injected through a small canula, into the distended veins. The result is, that the blood coagulates immediately, and the vein in due time becomes completely obliterated. If this method proves lasting in its good effects, it will certainly simplify this operation very much; and I see no reason why it should not be as enduring as any other.

I have been much interested in the results of the treatment of uterine deviations by M. Valleix; and I am fully convinced, from observations upon his patients, that the use of the intra-uterine redresser promises better results than has been obtained by any other method, in these unhappy complaints. Although he has written somewhat upon the use of the instrument, yet in the *Union Médicale* of Sept. 6th, he has published a note, in response to some questions raised against the redresser, which I will translate, as it will be better appreciated than a mere synopsis. He says:—

"With all those who have followed with attention the treatment of uterine deviations by the intra-uterine redresser, the efficacy of this method, not in all cases, but in a very large majority (for no one, in effect, has pretended to cure all), is placed beyond a doubt. However, there are some physicians who are still unwilling to put it into use, and who raise some objections—the value of which, it is important to examine. They also censure this treatment, because there have been some accidents, whose extent has been considerably exaggerated; and it is upon this point that I wish more particularly to dwell in this article.

And first, I will expose some of its inconveniences, even when it is rightly applied; for there should not be attributed to the instrument accidents which result from the inexperience and imprudence of the surgeon; then I will appreciate these inconveniences at their just value; and finally, I will indicate the means to prevent and arrest the progress of any acci-

dents that may be produced, and will terminate by a concise and general appreciation of this treatment, the value of which, I repeat, is not well known, only by those who have, during a certain time, followed its progress and results upon several patients.

*Accidents that the Treatment can produce.*—When it was announced, for the first time, that uterine deviations could be treated by the introduction of an instrument into the cavity of the uterus, some very grave apprehensions arose in the minds of physicians; and Dr. Simpson himself has informed us, that the first time he applied his instrument, he visited his patient every half hour, ready to remove it if it was found necessary. But he was not long in dissipating all doubts, and of becoming bold in its use. Experience, in effect, proves that the redresser, well placed, and rightly guarded, has no inconvenience in a very large majority of cases. But it is true, that in a small number of cases, this treatment determines some symptoms which call for the intervention of art. First, there are those resulting from *metritis*. The inflammation of the uterus is almost always light; one simple application of leeches, combined with repose, is sufficient to dissipate it. In some cases it is necessary to treat a little more actively, and join morphine by the endermic method to the preceding means.

Once I have seen the inflammation of the uterus communicate to the surrounding peritoneum, as it sometimes does in spontaneous *métrite*, and determine a partial *péritonite* very limited, but which yielded to the ordinary means, and the cure of the deviation, notwithstanding the accident, has been complete, and dates back nearly two years.

Then *inflammation du tissu cellulaire peri-uterine* occurs. I propose to give hereafter, in this Journal, the history of this inflammation, which has not, as yet, been very well described. I content myself to say here, that it does not show itself oftener during this treatment, than in many other circumstances, and that it does not happen during the sojourn of the instrument, but at the first appearance of the *meneses* which follow its removal. This inflammation terminates, in a vast majority of cases, by resolution; but it can terminate by an opening, or a purulent *foyer* into the vagina, as takes place in cases of inflammation *peri-uterine*, which is produced under a variety of circumstances, and is much more frequent than is commonly believed.

We observe still, as I have already said, some *menorrhagies*—rarely of the veritable *metrorrhagies*. These losses of blood have no importance; they are arrested spontaneously, or, if it is necessary, some simple application will suffice for their cessation. They produce no obstacle to the success of the treatment, and we have seen that even several physicians think they are useful, but I should not share in this opinion.

Finally, there may be some attacks of *hysteria* and some passing *febrile exacerbations*, which can embarrass and retard the treatment, but which have no real importance. The attacks of hysteria alone, when they are very violent, have some inconvenience, because they may lead us to fear that the patients, in their convulsions, may wound themselves with the instrument. It is recommended, therefore, to remove it when these attacks appear.

*Appreciation of such Accidents.*—Some physicians have manifested so great fear from these accidents, that they have been led to renounce a treatment highly efficacious. It is certain, that if we seek a method of treatment which may not have the least inconvenience, we shall not probably find one which can remedy these cruel diseases. We cannot, in effect, employ any surgical means upon an organ, without, at times, the result of accidents similar to those I have mentioned. The whole question, then, reduces itself—1st, To determine if the treatment is efficacious; 2d, If the state of the patient is such that the treatment ought to be applied; and, 3d, If we can replace it by any other.

The facts which I have published, speak so highly in favor of this treatment, that it is needless for me to insist at any length upon the first point, for I shall return to it hereafter, in a general appreciation of the principal means that I have put into use. As to the state of the patient, all practitioners know very well how desponding it is. The poor patients are reduced to inactivity and misery. Some have all their functions deranged; they cannot live an ordinary or agreeable life; they are afflicted often with severe pains; the most part have been sterile from the first, or have become so; all have lost, in whole or in part, their strength, their plumpness, and serenity of mind. Is it not, then, a very serious affection? and ought we not to seek for some method of cure? These questions are of the utmost importance to practitioners, who are so often vexed by this interminable affection, for which skill finds it difficult to bring an efficacious remedy.

But are there any other useful means? I cannot here investigate thoroughly other modes of treatment; for I have not statistics upon that point. I believe, however, that several practitioners have produced some cures, and very many patients have been relieved; but what I have said elsewhere will be remembered, without doubt—and that is, that in some particular cases which have come to my knowledge, some passing relief has been obtained; but that soon the affection recommences, especially if the patients return to their ordinary habits of life. Now, any means which act only upon the condition that the patients are young, and that they will take almost absolute repose or deprive themselves of all the activities of life, can be regarded only as feeble palliatives. Let us add that among the means which now exist, such as *pessaries*, supporters, in a word, all the instruments having an action upon the uterus, there is found, as with the redresser, a great part of the inconveniences that I have signalized above. Moreover, to refuse oneself the reward of a probable cure—to produce, in some cases, a few accidents, almost always light, and for which a remedy is easily found—or to abandon these patients to themselves, attacked with painful diseases, generally progressive, and which condemns them to inaction, and often to misery—or finally, to have recourse to those means only which are considered as palliative—seem to be the alternatives placed before the physician. I do not believe the most prudent practitioner would hesitate, if he would look at the matter in its just light, and take those precautions which will so easily enable him to avoid the accidents he so much dreads. One fact alone will make us better understand upon how little these fears are

based, *a priori*, relatively to these accidents. Those who manifest the most sensitiveness have not seen this treatment applied, or have been witnesses only to some isolated cases, upon which they have risked an erroneous opinion. Besides, if they have seen inflammation supervene in a case, they have not considered that as the exception to the rule; or if there has been a slight *menorrhagia*, they have not thought it a necessary result of the treatment; finally, if they have found a woman who has not been cured, they regard the treatment as useless, without reflecting that no person has pretended that there have never been some cases rebellious to the treatment; and without informing themselves whether there have been other women, in great numbers, and in analogous conditions, who have recovered with perfect health.

Physicians, on the contrary, who have followed the treatment with perseverance, or have employed it in a variety of cases, have been convinced of its general excellence and utility; and many, who have not employed it themselves, have decided to make a trial of it after the results obtained.

I have no need, perhaps, to say that Kiwisch, MM. Simpson, Rigby, Smith, Cuning, Meyer of Berlin, have adopted it; that in Paris, MM. Maisonneuve and Richet are every day reaping excellent results; that at Montpellier, M. Bronssonnet, who has followed my clinique, has put it into use with much success; that M. Lediberder, at Lorient, has had recourse to it in twenty-six cases, and he writes me that the results are cheering, and that M. Piachand, of Geneva, has obtained the same happy effects; also that I am able to cite other distinguished physicians, who in their zeal to test the measure, have not yielded to any obstacles. Now, how is it to be explained, that all these physicians, as we have seen, should have adopted a parallel treatment, if it had not appeared to them at once efficacious, and as exempt from danger as can be any surgical treatment whatever?

*Means of preventing Accidents and arresting their Progress.*—But as we have seen, some accidents, although rare, can be produced, and it is important to know what are the circumstances under which they take place, how to avoid them, and what are the means we ought to employ. The above will sufficiently indicate the following propositions:—

1. Before commencing any mechanical treatment, it is necessary to ascertain whether there are any notable signs of inflammation. If there are, they should be combated by bloodletting, general and local, *vesicatoires morphinés*, repose, &c. It sometimes happens, where the inflammation is *acute*, that upon its entire dissipation, the uterus re-takes its normal position. I have shown, at my clinique, several cases of this kind; for I do not pretend, by any means, that it will always be necessary from the first to have recourse to the redresser. I doubt not there are physicians who believe they can cure these deviations by the means I have indicated, and yet have not seen cases of this kind, but have applied to deviations in general what they should in particular cases.

2. It is necessary, as I have said, to habituate the uterus to the contact of instruments, by practising more or less frequently *catheterism*, without fear of devoting to it too much time.

3. It is necessary to be *very precise in the diagnosis*, especially in

cases of *flexion*; and for that it is better to make use of the sound, as I have indicated above, in taking the exact measure. Otherwise we may be ignorant of the seat of the flexion, and believe it a case of version; or implant the sound in the angle of the flexed uterus, and thereby run a chance of perforating that portion of the organ. This error, seemingly trifling, might make the patient suffer severely without producing any essential relief.

4. Before applying the redresser, we ought to place the uterus, with care, into its normal position, and efface the flexion. Then, the *staff* of the redresser will penetrate with more facility, and not meet with any flexed angles of this body, thereby lessening the liability of causing an inflammation.

5. We ought to recollect the length that it is necessary to give the *staff*, and, as I have indicated, always with care. In flexions it ought to exceed the point flexed nearly one half inch.

6. If the uterus offers any very great resistance to the redresser, if some dragging sensations result from this manœuvre, it is more than probable that there are some adhesions or some affection peri-uterine. It is not necessary to persist in the introduction, because we might produce ruptures or abrasions, the consequences of which we well understand.

7. It is necessary not to apply the instrument too near the time of menstruation; for the uterus is then more disposed to inflammation, which is demonstrated by the spontaneous inflammation which supervenes ordinarily at this epoch. Also we should be liable to render the *menses* too abundant.

8. If the uterus appears to possess a too great susceptibility, it is better not to leave the instrument *intact* only a few hours. But after the uterus becomes habituated, we can leave it several days.

9. After having worn the instrument for a number of days without finding any inconvenience, women at times complain of a species of pain, although rather feeble. It is well in such cases to remove the instrument and immediately replace it. I have seen some observations in which the women have been forced to retain the instrument, notwithstanding the pain, till the attendants were astonished to find that a *métrite* had already commenced. In other cases, on the contrary, they have committed an error by withdrawing it when it was only producing relief.

10. When the *menses* supervene, it is better, and I ought to repeat it, to remove the instrument, notwithstanding the facts cited where it has been retained without inconvenience. This precaution may retard a little the cure, but it will render it more certain.

11. Finally, if there supervenes a *métrite*, or *inflammation peri-uterine*, or a *métrorrhagie*, it is better to withdraw the instrument from its location, and combat these accidents by the means which I have already indicated.

Such are the important precautions to be taken into consideration, in this method of treatment, and which will be better appreciated as they are better known. It results from what precedes, that the *redressment* of the uterus ought not to alarm a prudent practitioner; and moreover,

in order to render it still more simple, and to avoid the inconveniences that might result from the introduction of the staff of the redresser into the uterus in hands but little experienced, I have simplified it by suppressing the staff, and making only the redressment by the sound combined with the use of the *pessaire en caoutchouc à insufflation*. But this method, as yet, has only been applied to those cases where the uterus is thrown down and backwards. And it is why I have wished to answer some of the objections to the *redresseur à tige intra-uterine*, the introduction of which is as yet necessary in deviations in front.

*General Appreciation of the Treatment.*—I will not return here to the success obtained by this treatment. I wish only to remark that nearly all of the patients have been for many years in a state of deplorable health, and that most of them have been submitted to a very long course of treatment, that has been unfruitful in its results, although directed by the most distinguished men. It is truly so, as I have cited some cases treated during several years by Lisfranc and Récamier, the latter having perfectly known the nature of the disease. Others have received care from physicians not less distinguished, and if they have not obtained a cure, it is that art was powerless. As we have seen, in the presence of this want of success, more or less constant, many physicians, and among them those well versed in a knowledge of these complaints, have renounced all radical treatment, and contented themselves with prescribing some simple palliatives. These facts speak for themselves, and it would be useless to insist upon the results that we have obtained, and upon those which have been cited by the physicians mentioned above. Let us now, in a general manner, see what are the means which have been employed.

*Treatment Anterior.*—Some have made use of general and local *bloodletting*, *emollients*, *narcotics*, preparations of *iron*, and a *diversity of injections*. They have kept their patients in a state of repose more or less absolute; and have made them wear *supports*. Several have taken medicine to combat engorgement, and which they have used under the name of solvents. Many have been cauterized for a long time in a variety of ways. Finally, there have been many who have made use of *pessaries* of divers forms and sizes. In certain cases where the nature of the malady had been unknown, they have been treated for *dyspepsia*, *gastralgia*, various forms of *neuralgia*, *anemia*; and even, at times, the maladies took the aspect of other affections, giving the belief that *phthisis*, engorgement of the abdominal organs, and affections of the heart, had supervened—and against which, treatment had been directed.

Nevertheless, I do not say that this diversity of treatment remained absolutely without results. It is, on the contrary, true that at certain epochs, some manifest amelioration declared itself, as I have already remarked; but whenever the patients betook themselves to their former habits, their affections were re-produced. I have already given the explanation of this fact. The means which I have just indicated are favorable in certain symptoms, often very severe; and moreover, when there is a certain degree of inflammation occasioned by fatigue, excesses, or an impoverishment of blood. Now, there ought necessarily to result

from the employment of those remedies a marked relief. But the *cause* of the evil persists, and its results are sure to follow.

The patients we have had to treat were found, generally, in a condition to render the results obtained both evident and permanent. I have treated some women who have been confided to me by my confreres, and who, notwithstanding the kind attentions received from them, could not even walk. After treatment they have been able to return to their occupations, and take long walks without inconvenience. *These facts are conclusive.* It suffices to mention them.

I only add, that upon 117 cases which I have collected, I have obtained 78 *radical cures*; that 14 times only has the treatment been completely inefficacious; and that in the other cases, although the treatment has been incomplete, yet it has procured a very notable amelioration, while the remainder are still under treatment.

I do not doubt but there are physicians who employ the same means, but do not obtain similar results: they may be less or more satisfactory. Perhaps they have been able to profit by some *perfections*, which I have not been able to obtain. It is even more than probable, that the proportion of success will always be on the increase, as instruments and the methods of application become better perfected. And even recently in this Journal, M. le Docteur Bonnafont, with whose genius and skill the whole world is acquainted, has found a happy modification in the staff intra-uterine; which consists in preventing the escape of the staff, which takes place sometimes upon persons who are too active in their movements, and which, in a case we saw with this physician, produced an inflammation rather violent. But the accident had only the ordinary consequences, yet serious enough to cause the patient to renounce a treatment which alone could give her any hopes of cure."

Respectfully, A. B. H.

Paris, Sept. 28, 1823.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 26, 1853.

*Massachusetts Medical Society.*—At the recent meeting of the Counsellors of the Massachusetts Medical Society, it was voted to subscribe for Braithwaite's Retrospect, and distribute it among the members, instead of the annual publication of a volume. The price of the work is two dollars. Each member, therefore, will obtain this publication, with the other publications of the Society, and the dinner if he chooses to attend it, for the same money that the ordinary subscribers have to pay for Braithwaite alone. The publication is to be distributed as soon as it is issued, free of cost to the members, but to those members of the Society only who have paid their dues, according to a list furnished by the Treasurer. Those, therefore, who do not receive it will understand the reason to be, either that their accounts are not settled with the Treasurer, or that their residence is not correctly

given in the catalogue. Either error may be corrected by applying to the Treasurer or the Recording Secretary. Arrangements have been made with Messrs. Stringer & Townsend, the publishers of the American reprint, to commence with the next January number. It is to be hoped that this project of distributing a periodical among the members of the society, for a long time contemplated, and earnestly wished for by many, will not be allowed to fall through from negligence of the members to pay their dues. Nothing else is very likely to embarrass the plan. If the assessments are paid, the Society will be able to continue the distribution of Braithwaite, and also to purchase the remainder of Copeland's Dictionary when it is completed, unless the Society should become involved in some unforeseen expenditure. Of the nature of Braithwaite, nothing need be said to those who are familiar with it. There is perhaps no medical periodical, in any language, which contains more information of practical utility to the physician and surgeon than this; or by reading of which a person will be kept better informed in regard to the progress of the science.

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*Cincinnati Medical Doings.*—From various sources, accounts of the disgraceful quarrels among the physicians of Cincinnati, reach the East, some of which have already been given in the Journal. Unless greatly exaggerated, the profession of the Queen City of the West are extremely given to belligerent demonstrations. It seems that the control of the Commercial Hospital, now in the hands of the Ohio Medical College, is the source of much uneasiness, and the exciting cause of the notoriety given to their public proceedings of late. Hospitals are too often made the instrumentalities for individual advancement. Those at the West who are so fortunate as to be of the number of medical or surgical officers, have great influence, and consequently a growing private practice. Whether ability, learning or moral qualifications have any weight in securing the appointment to these posts of honor, remains for others to decide. In the New York Daily Times is a graphic description of the manner of conducting one of the meetings of the faculty of the city, in which the subject of the Hospital was discussed. The most bitter personalities were indulged in, and one or more personal collisions were with difficulty prevented. It is quite impossible to conceal from the public such undignified scenes, which greatly injure the medical character of the country, and must operate unfavorably for the reputation of the Ohio Medical College and the faculty generally of the city of Cincinnati.

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*Useful Instruments.*—Specimens of a uterine speculum, manufactured by F. Haslam, No. 147 Washington street, have been left with us for examination, which will compare favorably with those of a much higher cost. We advocate the encouragement of our own artisans, and medical gentlemen will ultimately find that it is economical to purchase home-made articles. The instruments referred to seem to be unexceptionable, and their manufacture certainly deserves to be encouraged by those who are in the use of them.—Spermatorrhœa rings, from the same establishment, have also been left for inspection. The demand for these last mentioned devices for curing a troublesome malady, quite astonishes those who make them.

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*The Esculapian.*—For the present, Dr. Griswold, the able and industrious editor of the New York "Esculapian," has suspended the publication of

that popular periodical. The brotherhood appreciate his manifold services and hope that circumstances may warrant a renewal of a labor which has tended to give him an enviable reputation, and which it is hoped has not been without good fruits in the community.

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*Hunter on the Venereal Disease.*—Messrs. Blanchard & Lea have brought out another valuable work. Whoever has written on the venereal disease since the days of John Hunter, has invariably made reference to the instructive labors of that remarkable man. As every practitioner is familiar with the volume, in its original form, it is not at all necessary to refer particularly to it. About as many comments have been made upon Hunter's text, as on the plays of Shakspeare. Still, unadorned by the speculations or annotations of modern authorship, the treatise by Mr. Hunter remains a splendid monument of his critical research into the character and curability of the various forms of the venereal disease. The edition under consideration has the copious notes of Dr. Philip Ricord, the distinguished surgeon of the Hopital du Midi—a Baltimorean by birth; edited and enlarged by F. J. Bumstead, M.D. of N. York. It is an 8vo of 520 pages, with several lithographic plates. Dr. Bumstead's preface gives a very correct idea of what may be expected in the work. He says—"The present volume is a translation by the editor of M. Ricord's annotations, and a re-print of the edition of Mr. George G. Babington, which was first published in 1837. It is hoped that the notes and additions by the editor will be found either to assist the reader in a correct understanding of the text, or to contribute additional information on some of the important subjects herein treated of—and the index which has been added will increase the usefulness of the work." The notes and references interspersed throughout the book, add very much to the interest as well as the value of the new edition.

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*Anatomy in New York.*—It is disgraceful to the intelligence of the people of the great State of New York, that the Legislature has not long ago legalized the study of human anatomy. Their surgeons and physicians, as well as their public medical institutions, add immensely to the widespread reputation of the Empire State; and yet the very men who conduct these institutions are liable to imprisonment and fines for qualifying medical students to take charge of the sick and the dying. How absurd that the whims and prejudices of a few ignoramuses in the Legislature should control the good sense and the progressive efforts of all the rest. Dr. Draper's introductory lecture, last week, at the University medical school, was a grand argument in favor of making legal provision for the medical schools, as Massachusetts did years ago. Several quotations were marked in this excellent lecture, which is published in the New York Daily Times, but we have not space to insert them.

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*Mal-practice.*—A fresh disposition to prosecute physicians for alleged mal-practice is manifest in Massachusetts. It is becoming a hazardous enterprise to give surgical assistance in this ancient Commonwealth. It is even worse, in some respects, than in western New York or Vermont, where claims for damages in such cases have been carried to an enormous extent in past times.

*Dr. Alden's Address.*—Many of our readers will be glad to learn that the Address by Dr. Alden before the Norfolk District Medical Society, which was concluded in last week's Journal, has been put into a pamphlet form, and with a list of members and an index will be published in a few days.

*Albany Hospital.*—"The spacious building recently purchased by the Governors for a permanent hospital, is now undergoing alterations, and will soon be ready for the reception of patients. The location is central and airy, and the internal arrangements, we understand, are to be excellent. Nearly fifty thousand dollars have already been subscribed by our citizens, and efforts are now being made to increase the amount, so as to enable the Governors to finish and furnish the entire edifice. The expenses thus incurred are necessarily very large, and the sum that will remain for investment will be insufficient to support the institution."

We copy the above from an Albany paper. There are so many persons of known benevolence in that city, that a sufficient amount will no doubt be raised to place the hospital above want.

*Medical Miscellany.*—The cholera in a few places in England, and at Benares in India, is exceedingly fatal, although very little is said of either in the papers.—The vacancy in the surgical staff of Guy's Hospital, consequent upon the death of Mr. Bransby Cooper, is filled by the appointment of Mr. John Birkett as surgeon, and Mr. Thomas Callaway as assistant surgeon.—The New York Hospital has 360 beds, of which 250 are devoted to surgical cases, most of them of recent occurrence. Bellevue Hospital has 630 beds. There are now 447 patients in the Hospital—238 medical, 173 surgical, and the remainder are in the lying-in department. Besides these, there are 150 convalescents on the premises.—Dr. C. E. Isaacs has resigned his situation as Demonstrator of Anatomy in the College of Physicians and Surgeons, and accepts the same post in Fourteenth street.—On good authority it is stated there are four hundred dentists in the State of New York. Over one hundred of the number practise in the city of New York. Boston has a large number, and many of them have no superiors. Statistics, just published, show that 32,000 children are born in Paris in a year, and that exactly one third of them are illegitimate.

**TO CORRESPONDENTS.**—The article on Defective Vision, acknowledged last week, is not suitably prepared for publication; neither can the meaning of the author, in consequence of the illegibility of his hand-writing, and the complex structure of his sentences, be sufficiently ascertained to enable us to prepare it.

**MARRIED.**—At New York, 18th inst., J. F. Whittle, M.D., to Miss Amanda Roby, both of Nashua, N. H.

**DIED.**—On a home-bound voyage, Dr. Edmund Du Barry, late Fleet-surgeon of the United States Squadron in the East Indies.

*Deaths in Boston* for the week ending Saturday noon, Oct. 22, 64. Males, 34—females, 30. Abscess, 1—accident, 2—inflammation of the brain, 1—disease of the brain, 2—consumption, 13—convulsions, 5—croup, 4—dysentery, 4—dropsy in the head, 3—drowned, 1—debility, 1—infantile diseases, 6—puerperal, 1—fever, 1—typhoid fever, 2—intemperance, 1—inflammation of the lungs, 3—marasmus, 2—measles, 1—old age, 1—rheumatism, 1—scrofula, 1—suicide, 1—teething, 5—unknown, 1.

Under 5 years, 28—between 5 and 20 years, 13—between 20 and 40 years, 13—between 40 and 60 years, 8—above 60 years, 2. Born in the United States, 43—Ireland, 19—British Provinces, 1—Sweden, 1. The above includes 5 deaths at the City Institutions.

*Cold Water in the Reduction of Hernia.*—By R. R. GRESHAM, M.D., of Ebenezer, Miss.—The case was one of oblique inguinal, or scrotal hernia, in a male servant. On the 5th of June, at 4 o'clock, P.M., the obstruction occurred. I was called to see him the next day about 5 o'clock, A.M. When I arrived, I found the patient in the utmost pain and suffering. The hernial tumor was very large, and not disposed to yield to the usual remedies prescribed for the reduction of hernia. I gave him an anodyne, and left the following prescription: *R.* Wine Antimony, Tinct. Lobelia,  $\text{ãã}$   $\text{℥ss}$ . M. Take  $\text{℥j}$ . every half hour. Apply cloths dipped in warm water every fifteen minutes, for the purpose of relaxing the muscular system. At 3 o'clock I saw the patient again, but found no amelioration of the symptoms; if anything, the sac was more tense, and the patient exhibited some incoherency of mind. I began to think I should have to operate, but concluded, before resorting to this last measure, to try the effect of an emetic and the application of cold water to the scrotum. The following prescription was given: *R.* Tart. emetic, gr. vi. Tinct. Lobelia,  $\text{℥j}$ . M. Give  $\text{℥j}$ . every fifteen minutes till free emesis occurs. This over, a gentle stream of cold water was let fall a distance of four or five feet on the tumor, while I administered, at intervals of half an hour,  $\text{℥ss}$ . of the mixture already mentioned. The tumor began to recede under this treatment, and in the course of an hour and a half from the time the operation was commenced, the tumor was small enough to be grasped in my hand, and by gentle taxis returned to its proper place.—*Western Jour. of Med. and Surg.*

*Singular Development of an Artery of the Gums.*—In the early part of June last, a lady, about forty-five years of age, applied to us to have the left superior lateral incisor extracted, the crown of which was nearly destroyed by caries, and the root so much funneled out as to preclude the use of it as a means of support for an artificial tooth. The separation of the gum from the posterior part of the neck of the tooth, was followed by a most extraordinary gush of arterial blood, which escaped by jets in a stream the size of a common knitting needle. The application of pressure with the end of the finger on the gum and against the neck of the tooth and edge of the alveolus arrested the hemorrhage, but on removing it at the expiration of five minutes, the blood spirted as freely as at first. The pressure was reapplied and continued for about thirty minutes, when it was again removed. This time, there was no recurrence of the hemorrhage, a coagulum having formed in the mouth of the wounded artery.—*Amer. Journ. Dental Science.*

*Health of the State of Virginia.*—All the towns in Virginia have been remarkably healthy during the past season. The total number of deaths in Norfolk during the month of August was only 29. The mortality of Petersburg was still less. In Wheeling, the report of the board of health, (for they have such a body in Wheeling, although we cannot obtain one in the metropolis,) shows the number of deaths during August to have numbered 43, 15 less than during the same period of the preceding year. Staunton, Fredericksburg and Charlottesville have been equally exempt from fatal disease.—*Virg. Med. and Surg. Journal.*

PROFESSOR MILLINGTON, who, for many years filled the chair of chemistry at William and Mary College, in a highly satisfactory manner, has been elected professor of chemistry in the medical college at Memphis, and will remove to that city, instead of returning to Virginia, as was expected.—*Ibid.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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[As the various articles in explanation and defence of the new doctrine of the motive power of the blood, by Mrs. Willard and Dr. Cartwright, were originally published in this Journal—and as we have no doubt that they and our readers generally will be pleased to read some of the published opinions and arguments on the other side of the question, we copy the following article from the October number of the Buffalo Medical Journal, where it appears under the signature of Dr. S. B. Hunt, the junior editor.]

DR. CARTWRIGHT, MRS. WILLARD, WESTERN EDITORS, AND THE  
“BATTLE OF THE EVIDENCES.”

We have above a most comprehensive subject for an article. Mrs. Willard has propounded a new theory of the circulation, which she or her friends designate as the “Willardian” theory. Dr. Cartwright espouses the new doctrine; and by reference to his lexicon, he shares in the discovery, by inventing it a name, and the whole is christened by Dr. C. (after due research in the aforesaid lexicon) “the Willardian discovery of the hæmatokinetic, or new motive power of the blood.” Whether the blood has recently acquired, as Dr. C.’s phraseology would indicate, any new motive power, we are unable to say—indeed it is for the purpose of condensing our own opinions upon this point, and of enlightening our benighted readers, that we open this article. Some side issues have come up in this matter. Dr. Cartwright has drawn most of his physiological arguments from Holy Writ. Moses and the prophets it seems were in advance of their times. We were aware that the sanitary system of Moses for the government of the camp of Israel, was a very perfect one; and Dr. Cartwright now informs us that “he [Moses] was the greatest physiologist of any age.” Now some of our western editorial brethren have been imprudent enough to declare, that with all due deference to Moses, they prefer Dr. Carpenter. Whereupon some other medical editors sound the alarm. The authenticity of scripture is attacked, and the “battle of the evidences” is to be fought in the medical journals.

Now here is a very pretty quarrel. One would guess there was a “lady in the case” somewhere. Dr. Cartwright comes up vigorously

in defence of the new theory. Gallantry, religion, and scientific zeal alike urge him on. From our boyhood we have felt an irresistible impulse to have a share in any "muss" that is going on, and though we do not suppose that all this matter is going to save a patient for any man, or do any other practical good, yet the thing has such an admirably scientific tone, that we like it. We appeal to an intelligent profession, if there is in all Dunglison a longer word than "hæmatokinetic." Great names are cited as on the point of conversion. Dr. Bennet Dowler is represented as struggling against conviction in the most affecting manner; and all the good names in New Orleans are introduced as in a somewhat similar condition of stubborn unbelief—averting their eyes from the truth, and refusing to follow the lead of a woman, because, alas, she is a woman!

We have not seen anything from Mrs. Willard's pen having any special bearing on the theory itself—her own articles in the journals being confined to sundry explanations as to her feelings of thankfulness at having been made the feeble instrument by which the medical world was to be shaken; and her dread of the persecution which she, in common with Luther, Galileo and Jenner, was to endure.

Dr. Cartwright is the mouth-piece, and to his arguments we will first direct our attention. In the first experiment cited by Dr. C., a "Nilotic saurian," a "*Niliaca fera*," *alias* an alligator, was made what Dr. C. calls "the messenger of the mandate for your [Mrs. Willard's] enrolment among the immortals." The experiment was briefly this: An alligator was killed by tying the trachea; the walls of the chest were then removed, artificial inflation commenced, "and soon a faint quivering of moving blood in the diaphanous veins of the lungs began to be seen, \* \* \* \* and at length the blood began to run in a stream from the lungs into the quiescent heart. Then the heart began to quiver, and soon to pulsate." Finally, the animal vindicated his vitality by "vigorous exertions to get loose, biting and snapping at everything." Years ago we performed this same experiment on an opossum, with equal success. Dr. C. draws from it the inference, that "the *primum mobile* of the circulation, and chief motive powers of the blood, are in the lungs and not in the heart." Dr. C. does not resort to the theory of molecular motion to account for this. The evolution of caloric he considers a sufficient cause; the blood moving in the lungs like water in a tea-kettle. It has long been our conviction, that in every misconception or error, there is a germ of truth. It is not contended that the heart acts independently of the other vital processes in its propulsive functions. No one has ever supposed the heart to be capable of carrying on the circulation for any length of time, without the aid of the lungs. But it is an error to suppose, that because in a state of asphyxia the lungs are first to show signs of motion, they are really the *primum mobile*. The heart acts during foetal life, while the lungs are quiescent—it inaugurates the movement, and blood must be sent from the heart to the lungs, before the necessary chemical changes can occur. We will take the other case, that of asphyxia. Here blood is present in the lung—it meets with oxygen—a motion occurs; it is slowly propelled to the

quiescent heart. Does this prove the motive power in the lungs, or in the blood itself? Molecular motion, the *effect of pressure* upon the capillary vessels of the lungs by the inflation of the air-cells, seems as likely as any other cause to induce this motion. The healthy performance of the circulatory function depends upon many conditions. Different densities, occasioning different pressures, seem to lie at the bottom of the matter. The movement of muscles furnishes this condition; atmospheric pressure within the lungs, against the antagonistic action of the thoracic walls, also supplies it. Again, this condition of different densities blocks Mrs. Willard's theory at the heart. Suppose that by caloric the first impulse is given in the parenchyma of the lung, the blood reaches the heart, and encounters these muscular motions which expel it in a direction contrary to that communicated by the lung. This "chief motive force" then extends no further than the pulmonary veins. Reverse the experiment; put a stop to heart motion, and then restore it. The lungs stop with the heart. By irritation of the heart, by galvanism (or as we have always seen it done, by simply pinching its substance), you restore its action and the blood is propelled from the heart to the lungs. Here you are on the other horn of the dilemma—the heart is, in this case as in foetal life, the *first* moving force; it requires no argument to prove it the *chief* power. One experiment is as good as the other, and both involve the same uncertainties.

After a careful perusal of Dr. Cartwright's subsequent articles and experiments, we are unable to find any new arguments in support of this theory. He claims that all resuscitations of drowned people, and still-born infants, are vindications and proofs of its truths. He might have added, that every foetal heart pulsating, *in utero*, is a contradiction of it.

He then quotes Lord Bacon, and Newton, to the effect that discoveries are to be judged by their results. With marvellous complacency he next assumes, that all ventilation, all dumb-bells, and gymnastic exercises; all those health-giving processes which act by giving vigor to the respiratory functions, are the legitimate derivatives of Mrs. Willard's theory—that they are its fruits.

So much for the scientific features of this hypothesis. The side issues to which we have alluded are also worthy of notice. In what we have said of "Moses and the prophets," no irreverence was intended, and no unbelief indicated. But we always (for the sake of that religion which has given us so many blessings) deprecate and protest against the lugging in of scriptural texts, as arguments in favor of a scientific theory. Thus Dr. Cartwright asserts that Mrs. Willard's is "the physiological doctrine taught in the Pentateuch: 'The life of the flesh is in the blood.'"—Lev. xvii., 11.

We have elsewhere quoted an assertion of the great physiological acquirements of Moses. This is simply absurd. Truth, if it is truth, should sustain itself. The Bible was intended as a rule of faith and practice, and not as a compendium of scientific truth. An editor of a western medical periodical declares himself ready to buckle on the armor, and fight the battle of the evidences in the pages of his journal. When we have settled some mooted points in pathology and therapeutics; and

when we have physiological knowledge enough to know positively whether science contradicts inspiration, we shall be ready to go into a theological discussion. Thus far, as seeming contradictions to Bible truth have arisen in scientific research, farther investigation has reconciled them. We trust this will always be the case. In the mean time we shall read our Bible for the benefit of our heart, rather than our head, and seek elsewhere for scientific truth.

## ON THE TREATMENT OF RHEUMATISM WITH CITRIC ACID.

BY S. A. OGIER, M.D., OF CHESTER COUNTY, PENN.

FROM the recommendation of some of the European journals, of lemon juice in the treatment of rheumatism, I was induced to commence a trial of it about two years since, and on the whole the results have been satisfactory.

I have selected the two following cases as striking illustrations of the beneficial influence of the citric-acid treatment; at the same time I must say, that in many cases the results, though favorable, were not marked with such prompt relief.

CASE I.—T. N., aged 50, of robust constitution, was attacked with rheumatism on 20th of June, 1852. On the 22d I was called to see him, and found him with a hot skin, pulse frequent—120 beats to the minute—he was unable to move in bed, all the joints affected, the tongue presented a thick brown coat, though moist. I prescribed a brisk cathartic, to be followed by a full dose of pulv. Doveri at night; the joints to be rubbed and swathed with turpentine liniment. 23d.—I found him about the same; the cathartic had moved the bowels freely, the tongue less coated. I now put him on the use of the wine of colchicum, with cups to the back, cathartics and full doses of opium, counter-irritating and narcotic liniments and v. s. This plan of treatment was continued for a week without any decided relief. On the 30th, my patient having become much reduced, and the opium, &c., failing to afford him relief, I put him on the liberal use of cit. acid. I used the crystallized acid in place of lemon-juice, which I could not procure, making a solution of the former of the official strength of the lemon-juice; of this half an ounce was directed to be taken in a little sugar and water every four hours. Under this treatment, my patient rapidly recovered, the secretion of urine was greatly increased, the fever abated, and at the end of the fourth day from the commencement of the use of the acid, he was able to walk about with the aid of a cane. The effect of the acid upon the pulse was remarkable; from 120 it was reduced to 74 in the minute. This effect upon the action of the heart has been noticed by Dr. G. O. Rees in the 12th No. of Ranking's Abstract for 1850. In numerous other cases I have myself witnessed it.

CASE II.—Wm. S., aged 22. I was requested see this young man on the night of the 1st of December. I found him in great pain from an attack of rheumatism which had come on two days previous to my visit. He had but a few months recovered from an attack that had confined

him to the house for several weeks. He now had a hot skin, with some fever, the joints a little swollen and acutely painful, tongue much coated, urine scanty and high colored. Not having the acid with me, I temporised until morning. On the 2d, I found him about the same as the previous night; the bowels had been freely moved by a cathartic prescribed at that time. He had not been able to sleep.

I ordered the cit. acid solution as in the former case, with pulv. Doveri, grs. viij., to be taken at night.

Dec. 3d.—He had less fever, got a little sleep, joints still very painful, urine about as yesterday, no appetite. Continued treatment.

4th.—Passed a better night, pulse much less frequent, skin cooler, urine abundant and lighter colored, joints still painful.

5th.—Found my patient sitting up in his chamber eating breakfast, the pulse natural, tongue clean, urine abundant, joints much less painful.

6th.—To-day I found my patient in the parlor, protesting against any more medicine, though delighted with the prompt relief it had afforded him. The day following he left the neighborhood free from disease.

I have never seen any man suffer more from rheumatism than did this man on my first visit, and am sure I never have seen one as quickly relieved. In regard to the *modus operandi* of the cit. acid, it has been supposed to act by converting uric acid into urea and carbonic acid; the retained uric acid being looked upon as the cause of disease. How this may be I will not say, but that under the use of the acid the pulse is reduced and the flow of urine increased, is evident; and above all, whereas my patients suffered great pain previous to the use of the acid, after its use they were speedily relieved.—*Medical Reporter.*

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#### SPONTANEOUS INFLAMMATION OF ALVEOLO-DENTAL MEMBRANE.

BY CHAPIN A. HARRIS, M.D., D.D.S.

ABOUT three years since, Miss T., a maiden lady, 35 years of age, of a scrofulous habit, applied to me to extract a lower molar, which had been the seat of severe pain for some six or eight weeks. Perceiving, on examination, that the crown of the tooth was sound, I recommended the application of a leech to the gum. This did not mitigate the pain in the slightest degree. As the crown of the tooth was free from caries, and the character of the pain did not indicate inflammation of the pulp, I suspected it arose from some constitutional cause, and advised her to consult her medical attendant before submitting to the operation of extraction. She followed my advice, but before the treatment which he instituted had produced any effect, the pain became so intense, she called upon me again, and this time, at her earnest solicitation, I removed the tooth. The roots, on examination, were found to be covered with thin blood, of a dark purple color, which had seemingly been effused through the coats of the small capillary arteries distributed upon the periosteum.

A few weeks after the removal of this tooth, I was requested to extract the corresponding molar on the other side in the same jaw, and under precisely similar circumstances. I again advised the application

of a leech, and such other constitutional treatment as the state of her general health might, in the opinion of her medical adviser, seem to indicate. But as she had already suffered severe pain from it for more than two weeks, I could not persuade her to have the operation delayed. The roots of this tooth presented the same appearance as those of the other.

Seven or eight weeks after the last operation, she visited me again. Two other teeth, an upper molar and a lower bicuspid, had become the seat of constant, gnawing pain. Both of these teeth were slightly affected with caries, but the structural alteration had penetrated but a short distance into the dentine, and could have had no agency in the production of the pain, which, as in the two former cases, was evidently the result of periodontitis, and that not caused by any other source of local irritation than the mere presence of the teeth, but dependent upon great preternatural irritability of the periosteum, arising from some peculiar cachectic habit of body, or state of the general health. Entertaining this view of the case, and not wishing to interfere with the general treatment which seemed evidently to be indicated, I advised her to have leeches applied to the gums of the affected teeth, and to place herself under the care of her physician, to whom, at her request, I addressed a note, expressing my opinion with regard to the cause of the pain from which she was suffering. As she resided in the country, some ten or fifteen miles from Baltimore, I had great difficulty in persuading her to return with the aching teeth in her mouth; but yielding to my solicitations, she finally consented to do so. She returned immediately, sent for her physician, and was at once put under medical treatment, which was perseveringly continued for about seven weeks. During this time, aperients, tonics (such as quinine and the various preparations of iron), counter-irritants and narcotics were prescribed; but the pain continued without any mitigation, and in the meantime extended to two of her other teeth. It had become so agonizing, that she was unable to obtain any sleep at night, except when under the influence of large doses of morphia, and despairing of relief, she again visited the city, firmly resolved to have the four aching teeth removed. Her suffering was now so great, that I no longer refused to perform the operation. The roots of these teeth presented the same appearance as those of the two first.

Miss T. left Baltimore, the day after the operation, comparatively free from pain; but the sockets remained sore, and at times, slightly painful for several weeks.

About three months after the removal of the last teeth, another began to ache, and in about three weeks, the pain having assumed such a degree of severity as to render its longer endurance almost insupportable, she came to the city and had the tooth extracted. The loss of this procured a few weeks freedom from pain; but in a short time another was seized, and was ultimately removed. In this way, tooth after tooth was attacked and extracted, until at the expiration of about eighteen or twenty months, all of the molars and bicuspids, except one, of both jaws, were removed.

Believing that the extreme irritability of the alveolo-dental periosteum, which seemed so great, that the mere presence of the teeth acted as

irritants, arose, principally, from a scrofulous diathesis of the general system, I suggested the use of iodide of potassium. This was tried, beginning with two drops a-day of Lugol's solution. The dose was gradually increased, until the whole system had become, as it were, completely saturated with it, but with no better effect than the remedies which had been previously prescribed. The inflammation soon extended to the sockets of the remaining teeth, attended by the most agonizing pain, and one after another was removed, until not a single tooth remained in either jaw.

The roots of all the teeth presented the same appearance; and what seemed very remarkable, the inflammation at no time extended to the gums; this structure exhibited no indication of increased vascular action, but retained, throughout the whole progress of the disease, a pale, bluish-rose-colored tinge; their margins were thin and regularly festooned. The pulps of the teeth were also free from inflammation, and the hard structures of the organs were, for the most part, free from caries. Some six or eight were slightly affected, and four had been filled, but in no instance had the disease extended to the pulpy cavity.

Up to the time of the development of this most singular affection, the patient had lost but six teeth; the remainder, twenty-six in number, were removed in a little more than two years.—*American Journal of Dental Science.*

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#### THE LATE EPIDEMIC IN NEW ORLEANS.

IN another page will be found our record of the mortality for the year ending on August 30th. The large increase of deaths over that of the previous year is startling, and chiefly confined to our class of zymotic diseases, among which, fevers, and, preëminently, yellow fever, exhibit the most marked gain. Another feature is obvious on comparing our table of the year just closed with its predecessor, in the wide difference exhibited by our endemic yellow fever—while we record in the latter 10 deaths from this fever for July, and 68 for August, we, for the same months of the present year, show an increase beyond, we had almost said, the power of figures to express—an increase, at least so astounding, as to fix the attention with a view to the elucidation of the causes of this enormous difference. Why is it that in 1852, on the same soil, among the same population, under the same climatic influences, the same disease, felt in its most benign forms, and scarcely attracting notice among the current events of the passing hour, became in 1853 a deadly pestilence, scattering death, dismay and suffering among our affrighted population? What is it that has so changed the character and increased the fatal influence of this terrible scourge? The true and satisfactory solution of this question involves to a greater degree than is generally believed, the future interests and well-doing of this community, while it offers a point of purely professional interest, which we trust to see fully investigated and determined. There must be some great and powerful influences in operation to produce results so unequal and contrasted,

What these are, and what their origin and mode of action, become to us, under the present circumstances, scarce yet recovered from the shock of such appalling mortality as we have lately witnessed, matters of general and momentous interest. They surpass in the importance of their claims on the intelligence and humanity of our citizens, on the spirit and devotion of our public authorities, and on the skill and knowledge of the medical profession, all other matter of public or general concernment. For it must be obvious, even to the most casual observation, that unless the salubriousness of our city keeps pace with the efforts making to widen its points of contact with our interior country, to multiply its resources of trade and to augment its wealth and industry, we shall be destined to reap the disastrous fruits of wasted labor and capital, and to see hopes wither, which in view of the felicitous changes the future was garnering up, reconciled us to the exactions of a heavy and burdensome taxation.

These sacrifices will all have been incurred in vain, if the future is to be rendered uncertain by the recurrence of such cruel visitations of disease, and life and health hazarded in so inhospitable a clime. So apparent is all this, that we cannot see how the capitalist who has risked his money in investments, or the merchant who has effected his plans for the demands and supply of trade, or the laborer who counts on making his labor and time valuable, or the professional man who finds the true theatre for his skill and learning in an active, busy and progressing community, can fail to discover in our late disastrous affliction a common and overshadowing evil adverse to the hopes and calculations of each, and appealing to a common sense of self-security for its abatement. Emphatically at such junctures in the history of social bodies do questions relating to their physical health and well-being rise to a magnitude beyond all others, claiming consideration at the hands of the wise and philanthropic. We hope, therefore, to see this matter so pressed upon the public attention, as ere long by the anxieties it will awaken, and the inquiries it will cause to be instituted, we shall be better prepared to encounter another summer solstice with assurances that will give quiet to apprehension, and such guarantees to the public health, as are within the province of a high moral probability and the deductions of a rational science. Until something like this is done, until the origin of the late pestilence is fully and fairly traced, and its line of march and mode of diffusion determined upon such evidence as would satisfy a candid and unbiased mind, all hasty and precipitate action should be deprecated. Opinions formed under the excitement of great public distress are apt to be partial and defective. When the causes of a destructive pestilence, and even its essential nature lie so deep and beyond the general experience of those best informed in matters of this nature, it would be the last act of folly on behalf of the authorities to institute measures of prevention or relief that may prove inadequate or unsuited to the end sought. And here occur the first and main points to be settled in our investigations of this subject; viz., what is yellow fever? and secondly, is it contagious? We are not going into a discussion at present of either of these issues. Neither our space or inclination, in the absence of all

the main facts touching the late pestilence, will warrant this. We are free to admit, however, that there is much to be said, and cogently and logically said, on points that have been heretofore regarded as the *res adjudicata*, the settled doctrines of the profession thereon. If at a blush, and confining our view only to the phenomena we have just witnessed of its origin (such as is commonly believed, but which needs the most thorough scrutiny, in our judgment, before it is accepted) and its modes of spread in our city and those places in daily and direct communication with it, we should venture the notion of its being something beside, something in addition to our ordinary form of endemic yellow fever, and that in diffusing itself slowly and surely along the common routes of travel and intercourse, it claims alliance to contagious disorders; we should hardly do violence to the truth of first impressions. Yet the question returns upon us, if this be so, wherein lies the difference between it and our endemic yellow fever, which, in the months of July, August, September, October and November last, numbered only 464 victims, which showed no power of self multiplication, nor agency in its spread that could suggest any property in common with contagious disorders. Both forms commenced alike, ran their course alike, and terminated alike—both presented the same symptomatology and the same morbid results, death with black vomit and yellowness of the skin—sensible changes in the condition of the body, which suppose a common pathology for both. Have we not encountered here, at the very threshold as it were, a difficulty which can only be overcome by patient investigation and by impartial sifting of all the evidence relating to the subject. If they be different diseases, in what consists this difference? Surely not in the fact of a difference in origin, or manner of diffusion, or both. This would be assuming as true the very point at issue—an error in logic, but too common with those who reason from a partial and limited number of facts. Is any one prepared to show the origin of the late pestilence, to give us the history of the first case, its communication with an admitted source of infection, and the spread from it, as from a centre, of its deadly energies throughout our community, our State, our entire Gulf Coast, from the shores of Florida to the bays and harbors of Texas? If after all this has been done, can the next step in the proof of its distinctive character, and its possession of a contagious property, be as satisfactorily determined, viz., to show an authentic example of its having been communicated by the transmission, mediately or immediately, of a virus derived from the diseased, by inoculation with the blood, or with the morbid secretions from the fluids?

Yet all this is essentially required by the defined and accurate professional judgments of the day, in order to meet the condition of diseases in themselves contagious and as contra-distinguished from epidemic disorders. Again, in becoming so wide-spread, so literally and truly epidemic as we observe of the late pestilence, are there not involved in the very terms themselves conditions external to the disease, conditions of atmosphere favorable to its diffusion, and without which the disease would assuredly cease? How else and with what seeming propriety can we limit its duration to periods of time marked by high temperature, or re-

cognize the power of cold or violent atmospheric commotions to arrest it? If the virus exists and it be thus subject to atmospheric states for its very powers of increase and spread, are we not met by difficulties greater and more obscure than that which concerns the proof of its contagion? Obstacles of this nature meet us at every step, and suggest the wisdom of duly weighing every tittle of evidence that may be brought to bear on its investigation. We have thrown out these detached observations in the hope of eliciting a full and ample statement of all that may be positively known by any of our citizens bearing on this matter. It should be calmly and philosophically studied as a great question of social economy, affecting the arrangements and relations of society in their most extended sense. It concerns directly the present happiness and moral being of every individual of us, and remotely and in the future, the destinies and welfare of our childrens' children. As a purely professional question we have no cheering or abiding hopes that it will be discussed in a spirit so as to insure harmony and uniformity of opinion among the votaries of the profession. The nature of medical evidence is such as to forbid this. But whatever be the differences of opinion, it is but proper we should have all the facts pertaining to this issue. To do this fully and satisfactorily, our public authorities should institute a commission of competent persons, to collect all the incidents of its recent outbreak. It should be authorized to summon witnesses and to compel attendance, just as in matters of preliminary investigation, before a committing magistrate. It is essential that the whole truth be known, if it be desirable to base on the results of the investigation, measures at once novel and contradictory to our past usages and experience. Wise and proper as this caution may be, however, it must be borne in mind that duties of a character altogether different devolve upon us. If it should be determined upon ample and accurate evidence that the peculiar virus of yellow fever is something transportable with the body of the sick, or with his clothes, or through the medium of merchandize, or in any tangible shape whatsoever, it must not be forgotten that the virus must find accessories in the localities of communities, in their meteorological states, and in the susceptibility of their population, in order to multiply and diffuse itself. Carried to latitudes beyond its prescribed and accustomed geographical limits, and it dies out or becomes inert and inoperative. This is but too apparent to all who are conversant with the history of the pestilence—in fact it is but one example of what seems to be a law of nature in regard to epidemic disorders. We should no more expect to see yellow fever prevail in high and northern latitudes, than to see typhus rage in intertropical lines; the cold of the one like the heat of the other region, at once and effectually extinguishing them. Our inquiries may then be said to have only begun when we shall have ascertained that we owe to a foreign source the origin of our pestilence. We must turn our eyes inward, and learn if a sanitary police cannot be made useful in the removal of offals and the general filth common to large cities—in the institution of ordinances, regulating the manner of draining and filling vacant lots, of paving streets, providing ample and pure supplies of water—of cleansing

privies, of building shantees, the destined abode of our poor and needy population, and of closing the wretched rookeries, whose every hole and corner is crowded with human beings, to a degree and manner shocking to every sense of decency and propriety, and alarming from the gross infraction of the most essential rules of health. No one can deny that duties of this kind are within the province of our governing authorities. We have a fruitful element of disease annually accumulating in our midst, in the growth and increase of our foreign population. They bring with them not only bodies susceptible by their foreign birth to our endemic disorders, but habits and customs as unlike and unsuited to our climate and usages. They come from wretched and crowded hovels, where want and filth produce pestilence, to our cities and towns, where they cluster in numbers as thick and live amid filth as gross as that they have escaped from. They come to find employment and ready remuneration for their labor, and they live like persons just released from the pains of famine. They eat and drink to excess. They violate by day and night every maxim of prudence, every safeguard of health. Surely this is most serious matter for consideration, for amendment, for reform. The fault may not be theirs—poverty and oppression at home may have caused much of this huge evil. They know no better. All the traditions of home and family record no variety to their woes. It was want, and privation, and suffering and filth before their day. It is the heritage they derive from their parents and friends—it is the sole accompaniment, the invariable attendants upon them in their pilgrimage to our shores. We must therefore look to their domestic relations, we must subject their social irregularities to control and discipline, if we wish to do them good service and to exempt ourselves from the destroying ravages of a cruel pestilence. They must be taught to value not only the blessings of political freedom which they gain by coming to our shores, but to learn how to value the higher blessings and comforts of a good, well-ordered and salubrious home. One means to insure this will be to discourage by stringent laws the habit of sub-leases to tenants, which leads to overcrowding, and to all the consequent ills which attend on this. This is become too common an abuse of property among that class. A landlord rents his house and lot to one person, who sub-leases to a dozen or more families, the more the better for the original lessee—no matter what abuses result therefrom, and how the general and other interests are made to suffer. And generally, too, it is the old and decaying property, whose rafters are undermined by time and grown green with mould, that thus falls into the occupancy of this class. As long as it continues decent, or comfortable, or safe, they are excluded, by high rents and a better class, from its use. But let it wear by time and neglect till it totters, let it grow dank and unwholesome, let it become but little less than the sheds which house our cattle, and then it becomes the fit habitation for that portion of our population who are content with all these discomforts, and who seek shelter there as naturally as bats do crannies and dark holes. But enough have we said on this topic. It makes the heart sick to witness the great suffering among this unhappy class. The neglect of society, the indifference of our laws, the aversion of our people

to them, conspire with their disorganized condition and mischievous habits to keep perpetual the elements requisite to give malignancy to disease and facility to its spread. But there are other mischievous and hurtful usages which we tolerate, apart from our foreign population. We have space to allude to but one, and that a huge and monstrous one. This is the manner in which our city authorities sanction the filling up of the land reclaiming by the changes of our river bed. A vile compost, one more abounding in disgusting, offensive nuisances, cannot be found anywhere. Standing on an evening after sunset, on any portion of our levee, one might realize something of the disgust of Coleridge at Cologne:—

“ He might count two-and-seventy stenchs,  
All well-defined and genuine stinks,”

so thick and reeking are the odors escaping from those foul spots. They are the burial places of all dead animals, from a mouse to a horse, the common receptacle of the offals from every cook-shop and kitchen, of the refuse vegetables, bones and garbage of our market houses, and the sweepings of our streets. If the art of man could contrive anything worse than this, we should like to see it. Yet we breathe this foul air, worse than the abattoirs of Paris, and wonder that we sicken and die. Rouse up we must and set our household in order, if the future is to be spanned with brighter hopes and stronger assurances. We will have to look more intently at home, more closely into our domestic habits, more narrowly into our social vices, more determinedly on the negligence of our laws, if we are to be anything besides the immense lazarus-house the late pestilence has made us.—*New Orleans Medical Register.*

## CEPHALIC SPONTANEOUS EVOLUTION.

[Communicated for the Boston Medical and Surgical Journal.]

“ M. Velpeau admits a spontaneous cephalic evolution, as well as a spontaneous pelvic evolution. We cannot imagine spontaneous cephalic evolution, except in cases of abortion or in cases where the foetus is completely putrified.”—*Cazeaux's Midwifery*, p. 149.

THE occurrence of the above passage in a work of so high an authority as Cazeaux's, induces me to mention the following case:—

Oct. 20th, 1853.—I was called at 6½ o'clock, A.M., to Mrs. N., a medium-sized, well-formed woman, of good general health, æt. 35, in labor with her third child. The os uteri was fully dilated, and the waters, by report, discharged since 2 o'clock, A.M. The pains were frequent and strong; the presenting part just engaged at the superior strait. I soon discovered that this was the left shoulder, and that the child's back was in front. Whilst confirming the diagnosis, the arm came down into the vagina and protruded externally, nearly up to the elbow. The long discharge of the liquor amnii prevented the success of an attempt to perform version. Whilst waiting the arrival of assistance, the pains continued unabated in vigor, the arm was forced further outside the vulva, and a large portion of the shoulder, considerably tumefied and discolored,

became visible beyond the vulva. Up to this time, the head, as at first, was with difficulty felt above the brim on passing the finger up beside the neck, which latter, to my surprise, I now saw gradually coming down and distending the perineum to a considerable extent. I immediately supported this, and at once felt the head descending into the cavity of the pelvis, so that very shortly I was able to feel the ear. The shoulder in a few moments slightly retracted under the arch of the pubis, the whole arm still continuing external, and after one or two uterine contractions, the head was delivered, rapidly followed by the body, extremities and placenta.

The child was at full time and average size, weighing  $7\frac{1}{2}$  pounds, at least, and evidently alive up to the time just antecedent to its birth. The whole length of time spent with the patient was not above one hour and a half. The patient's convalescence was slow, but good. She had given birth to two children previously. The first was born before the physician reached the house; the second, within five minutes after his arrival at the bedside—evidence, to a certain extent, of a large-sized pelvis.

This is evidently not a case in which precidence of the head and arm complicated itself with the cephalic extremity of the child; nor is it one in which, by force of the uterine contractions, the shoulder at first presenting subsequently retires from the superior strait to give place to the head, in what is called *spontaneous version*, for the arm and shoulder continued in the excavation of the pelvis, protruded beyond the vulva, were never withdrawn, and in spite of them, the child was delivered by the head; constituting plainly what Velpeau (Meigs's Translation, p. 422, pp. 959—964) means by spontaneous cephalic evolution, and which Cazeaux says he "cannot imagine."

The question may be asked, whether the long discharge of the waters can be considered the cause of the mode in which this case terminated. The protrusion of the arm to the extent which it did immediately after my first examination, was a proof that the shoulder was firmly engaged at the brim of the pelvis, and consequently that the liquor amni had been long and completely evacuated from the uterine cavity. From this protracted contact of its walls upon the inequalities of surface presented by the child, arose irregular and spasmodic contractions of the body and neck of the uterus (irregular and spasmodic in character, though regular enough in point of time), which, although they might have entirely prevented the birth of the child, might with equal possibility, assisted by a large-sized pelvis, have been the cause of the evolution which took place.

R. M. HODGES.

43 Summer Street.

#### COBALT.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Your correspondent, Dr. Galentine, inquires, through your Journal—"Is cobalt a poison?" and asks the symptoms and treatment. In answer I beg leave to state:—

The substance commonly sold in the shops under the name of "cobalt," is not cobalt, but an impure oxide of arsenic. How so enormous and dangerous a fraud should have crept into common use, it is difficult to say. The two metals have very little in common, except that they are often extracted from the same ores. Some years ago, while a capital trial was pending for poisoning with arsenic, the public attention was called by Dr. Bigelow, of this city, to the common sale of this article, under its false name, to multitudes of persons who employ it without suspicion for the destruction of flies and other vermin in their houses. There is little doubt that many of the cases to which physicians are called, of sudden vomiting and purging, often attended with more serious symptoms, are due to the careless or unsuspicious use, about house, of *arsenic*, introduced under the name of *cobalt* or fly poison.

October 27, 1853.

MEDICUS.

#### GALVANIC SUPPORTERS.

A PHYSICIAN in New Hampshire writes to the editor in regard to these new instruments, as follows:—

SIR,—I wish to add my mite in calling the attention of the profession to Seymour's Galvanic Supporters, which I have been using some months past for the cure of prolapsus uteri, leucorrhœa, amenorrhœa, hysteria, &c. When this instrument was presented to me for the first time, I was disposed to class it with the many abdominal and spino-abdominal supporters which have been in use for a series of years past, and felt but little or no inclination to make trial of any new instrument of the kind, such had been my disappointment in almost every instance when I had applied the old ones. But on a mature examination, it occurred to me that galvanism applied in union with mechanical support might be worth trying, and accordingly I purchased one half dozen to give them a fair trial, as I had at that time under treatment several patients afflicted with different forms of uterine derangement.

In no one instance, as yet, have I been disappointed in the effects produced by the application. One single case I will briefly mention here. I was called, some six weeks since, to visit a married lady who had had leucorrhœa, as she said, for the last two years, with scarce a day's cessation. I found her nervous system very much deranged, with debility consequent upon the continual drain, loss of appetite, and considerable emaciation, and of course unable to perform much of any kind of labor. Without presenting any internal medicine (except a simple tonic), I resolved to apply the supporter, which I immediately did. I adjusted it as nicely as possible, and directed her to wear it day and night for one week, when I would call and see her again. On my second visit I found her much relieved, and the surface of the skin under the front pad (if I may so term it) thickly studded with pustulous eruptions, and discharging considerable quantities of semi-transparent pus. I advised her to discontinue it a day or two, and then apply it again, which she did by placing a very thin muslin between the skin and zinc. The pustules

healed in a short time, and she continued to wear the supporter for three weeks constantly, at the end of which time she was cured of the leucorrhœa, her strength improved, she ate well, and in fine called herself *well*. She now does much hard household labor, and, so far as my knowledge goes, has not had a recurrence of any of her former trouble.

We cannot expect such happy results in every case; but that Seymour's instrument is a valuable application in a majority of like cases, I have no doubt, and would invite physicians generally to make trial of it when occasion requires, and hope to hear the result through your valuable Journal.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 2, 1853.

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*Introductory Medical Lectures.*—According to the New York papers, some excellent discourses have been given at the commencement of the medical lecture season in that city. A little more originality than usual, seems to have characterized them there, as in other directions, the present year. Students, to say nothing of the cultivated public, have become tired of mere histories of medicine for one of these elementary beginnings of a course in the colleges. There is another old custom at these times, too aged and too much of a fossil to be re-animated, viz.—the bringing forward of new systems of the classification of diseases. This is much less frequent than formerly. It is an improved feature, in these days of progression, that students are regaled with something comprehensible, on the occasion of opening the doors of a school for a specific term of instruction. Lecturers are beginning to understand that their hearers do not expect to be treated with husks, but that mental nutriment is the object of their pursuit. Dr. Draper's lecture, to which we referred last week, belongs to the modern class. The unpleasant truth is learned from it, however, that the State of New York, with all its commercial prosperity, and renowned enterprise, has not, in one department of science, advanced an inch beyond the dark ages. Her legislators still hold to the opinion that a physician or surgeon who does not understand most thoroughly his profession, should not be sustained in society, but at the same time perpetuates a disgraceful law, that if they attempt to inform themselves by dissection in regard to the complicated organization of man, they are guilty of a high crime against the peace and dignity of the State. Without pretending to maintain that Dr. Draper's introductory is a model performance in all respects, yet we think no one can deny that both his and Dr. Carnochan's, of the New York Medical College, are excellent.

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*Surgical Instrument Rivalry.*—One source of perplexity and trial in performing our editorial duties, is connected with the invention and improvement of surgical instruments. Whenever the demand is great for some particular mechanical appliance, such is the active ingenuity of our countrymen that the market is at once supplied, and those who have aided in supplying it insist upon an exclusive right, or, what amounts to the same thing,

wish every attempt on the part of others to be unnoticed. Very frequently two inventors hit upon similar mechanical contrivances, both of which possess advantages, but it is quite difficult to convince one or the other that there is anything excellent in the manufacture of his competitor; and it is a problem which should have the preference. Under such circumstances, we are liable to incur the ill will of the contending parties, while we are endeavoring to be impartial. A declaration that one is decidedly good, and the other absolutely good for nothing, are the only terms on which a treaty of amity, with some unreasonable inventors, can be established. Not wishing to particularize instances of this character, it is sufficient to say that in these matters we have no partialities; and under all circumstances we are willing to make efforts to promote the prosperity of all with whom an acquaintance of this kind may have been established. Trusses, abdominal supporters, spinal apparatus, clubfoot shoes, surgical splints, tourniquets, needles and knives for specific operations, together with ear trumpets and dental improvements, are the bones of contention among this order of rival inventors. Surgeons are under great obligations to these men. The many beautiful and convenient appliances now in use for assisting nature in her watchful care to restore defective, distorted or injured parts, to a normal standard, are often the results of great ingenuity and study, which should call forth an expression of gratitude both from the surgeon and the community in general.

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*Suspended Animation.*—According to a Providence, R. I. paper, the following extraordinary case is now very much occupying the thoughts of the people of Coventry, where the phenomenon occurred, or rather now exists. The account proceeds thus—

“About three weeks ago, the wife of Mr. Henry Colvin, of Coventry, rose in the morning, complaining of a pain in her side. She soon after fell asleep, and died, as supposed. When her friends came to attend the funeral, they were struck by the remarkably life-like appearance of the corpse, and the funeral was deferred. Since then, she has laid in the same condition, and many have visited Mr. Colvin’s house, none of whom can discover any signs of decay. There had been no alteration on Friday, 21st, a period of about three weeks.”

It is rather strange that in New England a person should have remained so long, and no one been found who was able to determine whether the body was a living or a dead one. A deputation of physiologists had better be invited from Providence, at the expense of Coventry, to settle the question before the frost sets in. A lancet, a thermometer, or half a dozen other simple agents, might have been employed the first day, instead of allowing so much precious time to have been lost. If it were catalepsy, or some other anomalous condition of the nervous system, and consciousness or the powers of volition simply suspended—the woman must have died before this of inanition. Perhaps some medical gentleman in that neighborhood will have the kindness to communicate the finale.

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*Increase of Medical Journals.*—Either the demand must be active, or some of the many Medical Journals which are published all over the United States are not needed, and cannot much longer exist. With regard to profit, those concerned in these periodicals very soon discover almost any kind of property is superior to them. A similar disposition to multiply

them has been evinced in Great Britain. As a whole, however, these Journals are far better sustained there, than among ourselves. The Glasgow Medical Journal, a quarterly, has reached its third number. It is admirably printed, and its matter inferior to none in point of professional importance.

The dental Journals, too, are evidently on the increase. No. 1, of "The Family Dental Journal," conducted by Dr. Estes, Albany, N. Y., is just issued, and is one among many of the same class which dentists are called upon to sustain. All this enterprise, whether profitable or not, must be set down to the energy of "Young America." Waiting till the times are favorable is thought ridiculous; driving is the order of the day.

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*Public Health.*—Throughout New England, we believe the health of the people remains unusually good. For many years the medical practitioners of the city and country have not had less business than thus far during the present autumn. Although two-thirds of October was nearly as warm as mid-summer, and fruits were abundant, no epidemical tendency has been recognized, and the little sickness existing has been principally among young children, from teething and occasional dysenteric affections. We have abundant cause for expressions of gratitude for the blessings of general health, a full garner, and an excellent though fitful climate. Those who have firm muscles, a sound constitution, and a disposition to be both temperate and industrious, are fitted to enjoy them.

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*Transactions of the Medical Society of Pennsylvania.*—The printed transactions of learned associations are among the most valuable contributions to science. In after times such a publication as the one before us, containing an authentic, scientific account of the topographical condition of certain parts of the great State of Pennsylvania, must be of great importance to an understanding of the country during its comparatively early settlement. Dr. Corson's address is the leading article in the volume. Being President of the Society, it has a claim to pre-eminence of position. He has brought together various individual views of gentlemen at the South, upon certain diseases that have considerably occupied the thoughts of practitioners, and, throughout, the article is characterized by good sense. Next follow reports of a sanitary committee of Berks County; diseases of Chester County in 1852; also of Schuylkill, Delaware, Lancaster, Blair, Mifflin, and Huntingdon Counties. It is our intention to return to a further consideration of these transactions.

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*Professional Success.*—There is a singular difference in medical men in respect to their ability to inspire confidence, which is the first step in obtaining business. Some, with an immensity of learning, have a cold exterior and a forbidding aspect that prevents them from having any hold upon the public regards. They cannot succeed, on account of the ungraciousness of their manners. Others, without any solid acquirements, attain a success that astonishes their superiors, who cannot forbear wondering that such superficial attainments should have a currency among the intelligent. The secret of all this, is, a kind way of saying and doing things. How true it is, that a spoonful of honey will catch more flies than a barrel of vinegar. We have known many excellent, worthy physicians, of unquestioned talents,

who dragged through life in poverty and disappointment, without ever convincing the community of their claims. They frightened off those who might have patronized them in the beginning, by refusing to participate in neighborhood courtesies and civilities which are so necessary in becoming one of the people.

A ready tact in detecting quickly the symptoms of a case gives eclat to a physician. Patients are not partial to a tedious examination by percussion, a stethoscope, and a pair of ears all over their bodies at every visit. Many a good and conscientious practitioner has lost some of his best business, by over acting in this matter.

A finished medical education is lost upon many practitioners, who abandon the medical ranks in disgust, out of patience with the world, when the real cause of their poor progress is in themselves. A happy disposition and a corresponding external deportment is a better inheritance than an estate. A sycophantic smile, or an obsequious deference to mental inferiors, just because they represent a monied influence that may be turned to profitable account, is despicable in all, but especially in a physician. A medical hypocrite soon finds his true level. A fair, open, cordial deportment should characterize a practitioner of medicine. He must be a man among men—entering into their interests, and sympathizing both in their prosperity and adversity.

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*Catalepsy—Death of the Sleeping Man.*—The remarkable case of catalepsy, or long-continued sleep, which has been referred to several times in the Journal, has been terminated by the death of the patient, as we learn from the following notice in the public papers :—

“Cornelius Vrooman died at his brother’s residence, in Clarkson, on Monday, the 17th inst. While on exhibition in New York he was taken sick, which seemed to induce a wakeful state for a short period, and then a stupid condition, with intervals of wakefulness, until he was brought home on the 14th. He talked but very little, inquiring after his mother, who had been dead two years, his father and brothers, whom he seemed partially to recognize. He complained of great internal heat and soreness of his throat and stomach. On the morning of the day of his death he called for food, and ate a hearty meal, and from that time seemed to be in pain until about 2 o’clock, P.M., when he died without a struggle. His age was some 34 years.”

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*Morbid Anatomy in the Boston Medical School.*—We learn that Dr. Geo. C. Shattuck, of this city, has recently given fourteen thousand dollars to Harvard College, for the purpose of placing on a more permanent foundation, the professorship of Morbid Anatomy in that institution. In consequence of this munificent donation, it is stated in the Advertiser that the President and Fellows of the College, at their last meeting, voted unanimously that the professorship should be called the “Shattuck Professorship of Morbid Anatomy.”

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*New Massachusetts Lunatic Asylum.*—Dr. G. C. S. Choate, of Salem, has been appointed Superintendent of the new State Asylum for the Insane at Taunton. Dr. Choate was formerly connected with the hospital department, at Deer Island, Boston Harbor, and is now in successful practice in

Salem. He has before him a career of great responsibility, usefulness and importance, and we have no reason to doubt that he will justify the confidence reposed in him by the Board of Trustees.

*Medical Miscellany.*—Yellow fever still lingers at Mobile.—A vessel arrived in Boston, week before last, on board of which quite a number of deaths had occurred from cholera, but no alarm was excited in the city by the circumstance.—John Norton, a resident of Arkansas, is the father of twenty-nine children, by three wives, viz., nine sons and twenty daughters! Amurath III., a Sultan of Turkey, who died in 1595, at the age of 50, left 200 of his own children in the seraglio at his death!—Capt. Erastus Perkins, of Norwich, died at that place Tuesday morning. His age was one hundred and one years, eight months.—Disease is self-limited. Its tendency, in nineteen out of twenty cases, is toward recovery. A judicious physician will rarely say that he has *cured* a patient. The patient regained his health truly, but that medical observer who has gained a true insight into the laws of disease, knows that in all probability he would have recovered unaided.—The report of the existence of a malignant fever at Fell's Point, Baltimore, was a fabrication.—James Dewey, of Rochester, died lately in California, of the sting of a scorpion.—A Mr. Lutterbach, who has acquired a sort of notoriety as the author of a work on Walking, in which the subject of gait is treated in several lights altogether new, announces a book on Breathing. Besides engaging to strengthen the constitution and invigorate the system by the advice given in this work, he says that the tooth-ache may be instantly stopped by a trick of inhalation! He is also preparing a treatise on the "Art of utterly changing and remodelling the features by the exercise of a power inherent in the muscles."—The Boston Post says that two physicians in Maine have been arrested for storebreaking.—An opinion is becoming extensively prevalent in France, that the potato is productive of great injury to health as food.—Dr. Richards, of Florida, has published a long communication which goes to show that the State possesses the soil and climate to make it a great wine-growing country. Cotton is now the great staple crop of the wealthy planters, but the culture of the grape is recommended as a profitable employment for the great mass of the people, who are poor.—In Newry (Ireland), and its surrounding localities, fever of a severe type is raging.—At Exeter (England), a child was recently born, with thirteen perfect fingers on one hand.

MARRIED.—In Boston, Dr. Robert Croker to Miss E. Higgins.—Dr. Wm. S. Halsey, of Newburg, N. Y., to Miss H. Taggart.—In New York, H. B. Barry, M.D., to Miss C. Billings.—Dr. Edward Newhall, of Lynn, Mass., to Miss E. F. Beaumont.

DIED.—At Richmond, Virg., Dr. Wm. R. Warring, shot dead in the street by a lunatic.—Dr. Ross, of Tatesville, Tenn., shot dead by a boy who was offended with him.—At New Orleans, Dr. James C. Moffitt, late of the U. S. Army.

*Deaths in Boston* for the week ending Saturday noon, Oct. 29th, 72. Males, 34—females, 38. Accidents, 3—inflammation of the bowels, 2—consumption, 13—convulsions, 2—cholera infantum, 1—croup, 4—dysentery, 5—dropsy, 2—dropsy in the head, 3—drowned, 1—infantile diseases, 5—puerperal, 2—typhus fever, 3—typhoid fever, 3—hemorrhage, 1—inflammation of the lungs, 3—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—measles, 1—pleurisy, 2—palsy, 2—purpura, 1—inflammation of the stomach, 1—teething, 5—thrush, 1—unknown, 2.

Under 5 years, 31—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 15—above 60 years, 5. Born in the United States, 49—Ireland, 16—British Provinces, 1—England, 2—Sweden, 2—East Indies, 1—West Indies, 1. The above includes 10 deaths at the City Institutions.

*The late Dr. Charles Caldwell.*—Shortly after Dr. C.'s decease, a meeting of the physicians of Louisville was held at the office of Dr. Knight. At that meeting it was resolved to appoint an orator to deliver a eulogy on the life and character of the distinguished Professor. That appointment was conferred on Dr. Colescroft, than whom no man is more capable of doing justice to his subject.

Besides this, Dr. Caldwell left behind him ready for the press, an autobiography, which will appear at no distant date, and which beyond a doubt will be full and minute.—*Kentucky Med. Recorder.*

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*Iowa Medical School.—An Invitation.*—Strenuous efforts are being made, by the Faculty and friends of the Medical College, in Keokuk, to build up a Museum of Anatomical and Pathological specimens, connected with the Institution. We wish to form a valuable collection of specimens, which may not only be most useful, in practical illustrations to the course of Lectures before medical students, but may also be an object of profit and interest to the physician and naturalist, who may visit our city. The hundreds of physicians, who spend a few days in this city, in the course of every year, would be most agreeably and usefully entertained, by an annual visit to a well stored Museum. Already a noble beginning has been made—numerous valuable contributions have been received, both from resident physicians and those at a distance. We received a few days since, from the extremest part of the State, a valuable and very acceptable collection of preparations. We would hereby invite and urge our friends, and the friends of the Institution, wherever they may be, to favor the College, and aid the common cause of medical education, by forwarding to us any such specimens of anatomical or pathological interest, as they may find it agreeable to furnish. All such specimens shall be most carefully preserved, with the name of the donor. We thus earnestly hope, by our own efforts, and the assistance of numerous friends, to lay the foundation of a collection which, increasing year by year, will eventually form a cabinet that shall be an honor to the Institution and the State.—*Iowa Med. Journal.*

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*Case of Onanism in a Horse.*—M. Blanc, a veterinary surgeon at Marseilles, relates the history of a horse, who procured frequent voluntary seminal ejaculations, by rubbing the penis in a violent state of erection, upon the inferior wall of the abdomen; this was accomplished by flexing the body, and performing movements identical with those of coition. In order to remedy this essential vice, which considerably enervated his horse, the owner consented to M. Blanc's proposition to perform castration. The operation had the result which was anticipated. The animal recovered his strength, and did good service.

M. Blanc speaks, in his account of this rare fact, of a *relaxation* of the cord of the left side, caused by a violent struggle of the animal at the moment when the operator was separating the testicle, a relaxation which was followed by the development of a fungous excrescence. This relaxation was probably only the result of the laceration of the species of posterior mediastinum formed in the sheath by the juxtaposition of the serous layers between which the parts containing the cord, are enveloped. The animal recovered well, notwithstanding this complication.—*Virginia Medical and Surgical Journal.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## THE NERVOUS SYSTEM.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Journal for the 15th of December last, was an article by the writer of this, on the connection between the mind and the nervous system. The position taken in that article, was that the cerebro-spinal nervous system, instead of being composed of a multiple of nerves, and nervous centres, possessed of different specific properties, or vital endowments, was as simple in its function, as in its structure; that the effects arising from the supposed inherent properties, were merely the results of mental activities *instinctively* associated with physical excitements of nerves; and that this main portion of the nervous system was placed between the organs of the senses, and the organs of motion, to furnish certain physical conveniences to the mind, to enable it to control and direct the motions of the body, and its several parts, as it is guided by sensation; and in accordance with this idea, the cerebrum is interposed between the organs of the specific nerves, and the muscles—being connected with the former by the olfactory, the optic, and the auditory nerves, &c., and with the latter by the anterior portion of the spinal marrow, and the anterior nervous cords: while the cerebellum maintains the same relation to the sense of touch or general sensation, and the muscles; being connected with the general surface and the muscles by the posterior column and the posterior nervous cords, which, instead of being the nerves of sensation merely, are the nerves of touch, and of those motions which are directed by touch. (The few fibres that pass from the cerebellum to the anterior column, called the arciform fibres, may be simply commissural, or they may serve to connect the cerebellum with certain muscles whose movements, though not originally associated with touch, become so in the progress of development.)

Two cases of disease of the brain have lately come under my observation, which appear to me to confirm the above idea. And my chief object in returning to the subject at this time, is to invite others to look at the symptoms of disease of the brain from the same point of view; and should future observation confirm mine, a method of studying the physiology of the nervous system will be opened as satisfactory, at least, as that now so common, by torturing dumb animals.

One of the cases referred to, was apoplexy in an Irish laborer, brought on by working in the hot sun; the other was hydrocephalus, in a boy about 7 years old. In both of these there was a marked disproportion between the loss of movements directed by touch and those directed by the special senses. In the case of apoplexy, when it was impossible to excite any movement by sound, or a bright light, he would brush a fly from his face, or change his position to rid himself of any source of annoyance or uneasiness. On attempting to give him an injection, he thrust his hand down and seized the syringe, resisting the operation with considerable well-directed effort. From this state he gradually emerged, with the loss of sensation and motion of his right side. About a fortnight from the attack, he began to feel an itching in the skin of the paralyzed side, when, though still insensible to slight irritations, on plucking the hairs on the back of his hand he complained of pain. Three days afterwards, on tickling the sole of his foot the toes were moved. He soon after this, acquired power to stand on that foot, and at the end of four weeks could walk, his hand being, however, still paralytic. More recently, the use of this last has been partially restored to him.

The boy affected with hydrocephalus exhibited this disproportion in a more striking degree. While apparently unconscious, and unaffected by the specific senses of sight and hearing, he was noticed to brush a fly from his face repeatedly, and perform a great variety of movements calculated to relieve himself from unpleasant sensations. On attempting to feel his pulse at the wrist, he several times raised his other hand, and extending it across his body, from where it lay on the opposite side of him, seized my hand or wrist, and retained his hold for some time. Often he would seem to be groping or reaching for some object, and a handkerchief or piece of cloth being given him, he would wipe his eyes or forehead, repeating the motion many times. This was what he had been in the habit of doing after bathing his eyes for scrofulous inflammation with which he was affected before his last disease. Sometimes he would tie the bit of cloth up in knots, evidently guided by the sense of feeling, in so doing. It is true, he occasionally roused up after the symptoms of compression began to show themselves, and spoke, and saw, and heard. But then all the sensible faculties were awake, feeling as well as the rest, while these periods were short compared with those in which the latter faculty alone was manifested. They also ceased altogether two days before his death, while he was noticed to brush a fly from his face within twelve hours of that time.

It is difficult to understand these symptoms on the commonly-received opinions in regard to the physiology of the brain. But if we consider the cerebrum as the chief instrument of the mind in governing the motions of the body as directed by the specific senses, and the cerebellum as occupying an analogous position with regard to touch, a ready explanation is afforded. In both of these cases, although there was no opportunity for post-mortem examination, there can be little doubt that the pressure, whether of blood or serum, was more on the former of these organs, than on the latter. According to the tables of Andral, as quoted by Watson, the proportion of cases of apoplexy in which blood is poured

out in the cerebrum, to those in which it is effused into the cerebellum, is as nineteen to one. Dr. Gull, of England, lays down the proposition that when effusion takes place in the *cerebrum* there is greater loss of motion than of sensation—greater paralysis of the hand than of the foot—and the foot recovers first; precisely the order of events in the above case of apoplexy. The seat of effusion in a very large proportion of cases, in hydrocephalus, is in the ventricles. And it will be readily admitted that the pressure where the ventricles are distended with fluid is much greater on the cerebrum than on the cerebellum. In cases where there is softening it is much oftener found about the ventricles, particularly their posterior portions, than anywhere else.

Thus it will be seen that the symptoms correspond with what it is most natural to infer is the seat of the disease. In both cases the senses of sight and hearing, the movements dependent on them, and the cerebrum, there is reason to believe, suffered most; while the cerebellum, and the sense of touch with its movements, suffered least.

The large proportion of cases of paralysis in which motion is lost more than sensation, and the power over the hand more than that over the foot, is also a singular confirmation of this view. Watson, in speaking of this last, says that in nine cases out of ten of recovery, "aye! and in a much larger proportion than that, it is the leg that recovers first. And when one only of the extremities is affected, nineteen out of twenty times it is the arm;" just the proportion in which according to the tables of Andral the effusion of blood takes place in the cerebrum compared with the cerebellum. It has been attempted to explain this circumstance by supposing some particular part of the brain, such as the corpus striatum or the optic thalamus to have the specific property of controlling the arm or the leg; but the facts admit of no such supposition. A little reflection will satisfy any one that the movements of the hand are habitually under the direction of sight. As a matter of consequence the cerebrum is mostly employed in governing its motions. Hence when the power of that organ is destroyed, it is here that the want of it is most likely to be felt first. While the leg being habitually under the guidance of touch requires the integrity of the cerebellum for the perfect performance of its motions. The same mode of reasoning will account for the experiments of Bellingeri on the spinal marrow, who by irritating the anterior part produced movements of flexion, and by irritating the posterior column gave rise to movements of extension. It also places side by side with this last, the fact that in tetanus, opisthotonos or spasms of the extensors are so much more common than its opposite. Movements of extension being associated with touch habitually, and wounds injuring generally the nerves of touch, it is natural that the spasms should take place as they do.

The celebrated experiments of Flourens on the cerebellum, from which it has been inferred that that organ is for combining muscular motions, admit of a simpler and more consistent explanation by this rule. The motions of springing, of flying, of standing and walking, which were destroyed by destroying this organ, are evidently such as are dependent on the sense of touch. While the weakness of muscular motion and loss of

sight on the opposite side, on the removal of one hemisphere of the cerebrum, in an experiment referred to by Carpenter, are the results naturally to be expected, if that organ maintains a similar relation in regard to sight.

The idea that the cerebellum is the organ for combining and co-ordinating muscular movements is so vague, indefinite, and, withal, so comprehensive, as to beget a *prima facie* suspicion that all is not right. It is certain that all the motions (the reflex, for example) are not combined by it. Why, then, is a special organ created, with a special vital endowment, to combine the muscles for a part and not the whole of the motions of the body.

According to this idea, moreover, the anatomy of this part of the nervous system contradicts its physiology. Its main connection is with the posterior portion of the spinal marrow; only a few fibres pass to the anterior part—a position which is just the reverse of what it should be, were its office simply to combine muscular movements. This connection so impressed the mind of Sir Charles Bell, that at an early period of his experiments he held that the cerebellum was the organ of sensation. And to this day the same opinion is maintained by Foville, Pinel, Grandchamp and other French physiologists. There can be no doubt that the connection between the function of the posterior part of the spinal marrow, and that of the cerebellum, are as close as their anatomical connections. And when we say that those functions are to enable the mind to govern motions when directed by the sense of touch, we say what reconciles these conflicting opinions, and we say all we can say, without robbing the mind of its distinctive attributes, and the other nervous centres of their share in the just distribution of the offices of sensation and motion in the body.

Experiments on the spinal cord and nerves may be reconciled on this view much better than on the commonly-received one. If the mind habitually uses the anterior column when it contracts the muscles under the direction of the specific senses, muscular contractions alone become associated with its physical excitation; hence when irritated they alone are most likely to take place. If ever signs of uneasiness show themselves, as Magendie says, they may arise from cramps or because the animal does not like to have its locomotive faculties taken from its control, as in such cases it still has the power according to the conditions to feel them through the posterior column and cerebellum. In like manner when the posterior nervous cords are divided between the ganglion and column, it is natural for irritations of the proximate extremities to excite sensations, while the ganglions (which are the remains of the ganglions of invertebrated animals) may prevent the excitation of motions below; so that these motions not taking place is no proof that the nerve in its normal state is not instrumental in producing motion.

Too much importance is attached to this way of experimenting. The mode of irritating the nerve is at best but a second-hand imitation of the natural mode of exciting motion. And it is never known how much of the result is due to the mere physical properties of the nerve.

It was the fortune of Sir Charles Bell to approximate almost indefi-

nately near the truth in a number of instances, and yet to fall short of it. And it was the doctrine of vital endowments that formed the stumbling block in his path. It was this that caused him to mistake a part of the truth for the whole, in imagining the posterior column of the spinal cord to be endowed with the property of sensation only.\* It was this that caused him, after arriving at the highly philosophical opinion of a muscular sense, to imagine a distinct set of nervous fibres necessary for this purpose; when the truth is, the whole office of the motor nerves, so called, is to enable the mind to feel the muscles. It was this that caused him to change his mind in regard to the fifth nerve. Having once proved it to be a muscular nerve, it was inconsistent to call it a sensitive one also, because the same nerve could not have two endowments.

It was this, also, that prevented his seeing, that the mote in his brother's eye was a bit of the same timber with the beam in his own eye, when he declared that the reasoning of the phrenologist was a violation of all the principles of physiology. However manifest the errors of phrenology, it can never be overthrown so long as we hold to the doctrine of vital endowments. If two portions of nervous matter, no more separable by mechanical division, and no more unlike in structure, than the anterior and posterior columns of the spinal cord, can have distinct vital properties; then, by a parity of reasoning, the brain may be cut up at will, and as many of those properties as names can be found for, may be attributed to it. Had he said that phrenology is the legitimate *reductio ad absurdum* of the whole ground-work of modern physiology, he would have spoken safely.

The language employed by our most popular physiologists is little calculated to advance the science. To talk of seats of the mind, seats of instincts, seats of emotions, seats of perceptive and reflective consciousness, is to use words without meaning. It is the introduction of terms derived from our observation of material objects, into a province where they are wholly irrelevant. Material things have seats, or a location in space; but spiritual things, who has ever seen them there?

The brain is an instrument maintaining a certain relation to the organs of sense on the one hand, and to the muscles on the other, by which sensations are excited, and awake the mind to consciousness, and through which, the mind holds the muscles under its immediate and constant control, evincing, by the rapidity, variety, complexity, and nice equipoise and combination of their contractions, that the highest intellectual activities are called into exercise, even without consciousness on the part of the individual. To hold that the brain receives sensitive impulses from the organs of sense, and generates flying messengers in the form

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\* The fifth nerve, in its ganglionic portion, has for its office the sense of touch and the motions arising from the sensations of touch. Its smaller portion, which does not pass through the Caparian ganglion, enables the mind to control the muscles when directed by the eye, &c., as when an animal seizes its prey or bites another; while the portio dura performs the same office in connection with respiration. In regard to the superior laryngeal nerve, Sir Charles Bell is nearer right than his commentators. He calls it the constrictor of the glottis, while they suppose it the sensitive nerve of the glottis. It is probably both. It gives warning when any irritating substance comes in contact with the glottis, and enables the mind to contract the muscles necessary to close it. Why else does it connect with any muscle at all, and what closes the top of the wind-pipe in birds?

of motor impulses, and despatches them to the muscles, is an idea something more than absurd. It is simply ridiculous. The coexistence of the activity of the brain with that of the mind is all we have a right to infer. And although in the ordinary state of our being, there is a mutual dependence, the former is subservient to the latter. How these activities are associated, is, and will always, perhaps, remain a mystery. But instead of the mind having its seat in the brain, with the Pineal gland for its throne, there is no reason for supposing that its activity is confined to the nervous system. As it may be supposed to be present to the object in perception, so it may be present to the muscle in contraction. And we have yet to learn whether the office of the organ and nerve is anything more than simply to fix the attention of the mind on the external object and on the muscle.

Recently, treatises on physiology have suffered quite an addition to their vocabulary. The terms reflex, automatic, &c., which were originally invented to express some ill-understood phenomena of muscular contraction, have been promoted to cover the processes of thought. Thinking was too transcendental. So in the progress of science, it resolved itself into ideation, whence the transition was easy into cerebration. And finally, Byron and Shakspeare, as well as Newton and Laplace, were gravely told that they were the analogues of Babbage's calculating machine and the automaton chess player.

English physiologists urge an exclusive claim to this invention. Their right, however, may be contested by the author of *Gulliver's Travels*. In some one of his writings is an account of a man machine, which he had brought to such a state of perfection that he was in hopes it would soon reason as well as most country parsons. But whether a John Bull or an Irish bull establishes paternity, the offspring is legitimate, and will flourish so long as writers amuse themselves with words in place of things, and cheap metaphysics for the million are in demand. H.

*November, 1853.*

#### HUNTER ON THE VENEREAL DISEASE.\*

[THE following communication was received from a professional source entitled to respect.—ED.]

Within the last year or two, medical science has been greatly enriched by additions to its syphilographic literature. In Europe, the advancement of this portion of our studies has been rapid and brilliant, and few of our profession come home from their Continental tour unaffected by what they have seen and heard in this department. The increase of prostitution and syphilitic disease, in our own country, coincident with the rapid march of civilization, forces upon us a growing necessity for more accurate knowledge of the means of eradicating its fatal

\* A Treatise on the Venereal Disease, by John Hunter, F.R.S, with copious additions by Dr. Philip Ricord, Surgeon of the Hopital du Midi, Paris. Edited, with Notes, by Truman J. Bumstead, M.D., Physician to the North Western Dispensary, New York. Philadelphia, Lea & Blanchard, 1853. 1 vol., 8vo.

effects ; and it must be owned that, in this respect, we are far behind our brethren of the *outré mer*. The writings of Maissonneuve and Montanier, of Puche, Cullerier and Vidal (de Cassis) in France ; of Acton, Meric and Egan in Great Britain, and the translations of Ricord's letters in our own country, all tend to show the interest already existing, and the hiatus there was to be filled in this branch of surgical literature.

For a clear and concise review of the present state of what, since the syphilization excitement, we must call legitimate syphilis, what can be more promising than the united names of Hunter and Ricord ? We hold that Dr. Bumstead has done great service in translating and editing this work, a new edition fresh from the cabinet of the Rue de Tournon, and which has never before been presented to the American reader. The editor seems to have bestowed great attention upon his part of the work before us, and a better translation of an author (than whom, in his vivid and fiery style, flashing and rapid as the wheels of his *coupé* in which these "notes" were actually written, no one could be more difficult to render into sober English), we think could hardly be offered for criticism. In this volume, printed in a clear type and with a full index, we have a manual of easy reference and of rich contents. The venereal disease, in every radiation of its intricate divergencies from its origin, is thoroughly and carefully considered, not only by Hunter and his annotator, Babbington, but by Ricord himself, and the American editor is not only a translator of these additions, but he has brought out all that can be found in other modern authors, especially those whose names we have above mentioned. These he has analyzed and compared with his own authors, and quoted their additions and their formulæ and prescriptions.

The book, as a whole, is the most complete treatise on the subject now to be found. Ricord's notes constitute one third of the volume, and the additions of the editor in this country are not inconsiderable. Himself recently a student at the Hôpital du Midi, he has gone to his work with all the zeal that the teachings of such a master must inspire.

The work should be read by all students, as well as practitioners, and to it in all confidence may they turn, sure to find the counsel they desire.

November, 1853.

H—s.

#### QUININE PRODUCTIVE OF ABORTION IN FEBRILE AFFECTIONS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Since 1843, I have been thoroughly convinced that quinine was an abortant of no inconsiderable powers. I recollect, in the fall of 1843, I had many cases of intermittent fever, among them three negroes *enceinte*. As the quinine practice was then in great vogue, and very applicable, as I thought, to the cases, I prescribed it freely, but invariably with the abortion of the case, and its speedy recovery. Since 1842 I have prescribed quinine in many similar cases, sometimes guarding it with opium, in others alone. In the latter cases abortion has often been the result, adding confirmation to my former views. I recollect, not

many weeks since, I saw a case of intermittent fever in the fifth month of gestation. I prescribed quinine and opium. The case went on well, but relapsed, with some signs of abortion. I was called, but illness prevented my attendance, and another was sent for, who prescribed quinine alone, and abortion resulted. Not long since, I mentioned my convictions to my friend, Dr. Wm. Martin, of this county. He had long entertained a like opinion, and was glad to find a talesman. Dr. Martin related a case to me, in which the same agent produced a profusion of catamenial discharge in remittent fever; the discharge abating when the medicine was suspended, and *vice versa*. This conclusion of my friend I can verify in many cases.

I am so thoroughly convinced of the abortive tendency of the medicine, that I never prescribe it but in combination with full doses of opium or some of its salts. How far this opinion is prevalent in the South, I am not able to determine, but I feel convinced there are many practitioners who can bear testimony to it if they will refresh their memories a little. I would not say it will invariably induce abortion; no agent will do it; but I am sure it should be cautiously *administered in intermittent fever when pregnancy exists*. In haste, truly yours,

Thompson, Geo., Oct. 20, 1853.

H. A. RAMSEY.

#### FLY POISON.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In the Journal of the 26th of October, I observe a communication from Dr. C. B. Galentine, in which he speaks of a case of poisoning by “fly poison (cobalt),” as though this substance were really cobalt. *The fly poison or cobalt of the apothecary’s shop is metallic arsenic, and does not contain a particle of cobalt.* It acts as a poison by becoming oxidized, and subsequently dissolved in the water in which it is placed. M. C. G. Gmelin states that the *salts of cobalt* act like the irritant poisons. Christison, in his work on Poisons, does not mention cobalt, but devotes a section to the fly powder of your correspondent.

Cambridge, Oct. 31, 1853.

#### ON DISEASES OF THE SKIN, WITH ESPECIAL REFERENCE TO THEIR CONSTITUTIONAL ORIGIN AND TREATMENT.

BY THOMAS HUNT, ESQ., F.R.C.S., SURGEON OF THE WESTERN DISPENSARY FOR DISEASES OF THE SKIN.

THERE are four conditions of the system which may be regarded as the proximate cause of chronic eruptions, of which two consist of impaired or abnormal vascular action, and two of a vitiated state of the blood; and it is also possible that, together with abnormal vascular action, there may be present a vitiated condition of the circulating fluids. Many valuable indications in the treatment of skin diseases may be derived from a diligent study of these various morbid conditions of the system.

In the observations which follow, I wish to be understood to be speaking of cutaneous diseases uncomplicated with existing organic disease of the viscera, although some of them may consist with disordered or deficient action in some important organ or organs.

1. There is a large class of cutaneous affections which simply depend upon impaired vascular action of the capillary system, or a generally languid circulation. These exhibit various forms of eruption, but in all of them the health appears tolerably sound, although it often happens that the bowels are torpid. Prurigo is the most common form of eruption, but lichen and pityriasis occasionally depend on a similar cause. The distinguishing character of the eruption is that of dryness; neither serum nor purulent matter are contained in the papulæ. The general signs are a weak and slow pulse, a pallid skin, impaired appetite, and intolerance of cold and heat. The beat of the heart is generally feeble, and the respiration slow. In cold weather the extremities cannot be kept warm. Papular or scaly diseases, depending only on this state of the circulation, will sometimes yield to warm baths of fresh water, and warm aperients, with a generous diet. These failing, the chloride of arsenic I have found to be the best remedy. The chloride of arsenic is a preparation not much known to the profession, but it has long been used by a few practitioners under the name of De Valangin's "solution of solvent mineral." I had the pleasure of bringing this medicine before the notice of the profession a few years ago, in a paper published in the Transactions of the Provincial Medical and Surgical Association, in which, on the testimony of Dr. Webster, of Dulwich, and of other practitioners, I described it as a very eligible preparation. Since then, I have had the satisfaction of seeing it introduced into the London Pharmacopœia, under the cognomen "*liquor arsenici chloridi*." I have been, of late, so much pleased with this medicine, that for more than twelve months past I have never once prescribed Fowler's solution, which is certainly much more liable to decomposition, and is, therefore, in some degree, uncertain in its effects. It should be noted, however, that the dose of the liquor arsenici chloridi is not from three minims to ten, as it is described in our rudimentary works on pharmacy, but from ten minims to twenty, three times a-day. I have found twelve minims about equivalent to five of Fowler's solution. It seldom or never irritates the bowels, especially if administered with or immediately after a meal. It is scarcely necessary to adduce cases illustrative of this simple plan of treatment, but these are the cases in which arsenic is most useful and best borne by the patient. After a time it infuses a sense of warmth into the extremities, and a general glow over the whole surface; when this is effected, the disease more or less rapidly subsides.

2. Increased momentum in the circulation of the blood, with or without local congestion, is a more frequent proximate cause of disease of the skin, than the opposite condition. The more severe forms of lepra and psoriasis, as well as of lichen, are frequently (not invariably) associated with this state of the circulation, but the more usual form of eruption is eczema. When this disease becomes unusually severe and persistent, it will generally be found that there are symptoms indicative of increased

vascular action, and some degree of congestion in the larger viscera. The pulse is remarkably firm and incompressible, and remains so after a very considerable amount of depletion has been practised, which, so far from reducing the strength of the patient, very usually increases it, rendering him more lively and active, and capable of an increased amount of labor without fatigue. I am the more anxious to note this, because it is becoming the fashion to decry depletion, and many otherwise excellent practitioners use it with the extreme of caution, and appear to have no satisfactory means of measuring its amount, and adapting it to the case. It is indeed but in a small proportion of cases of skin diseases that active depletion is required. Very frequently tonics and a liberal scale of diet are the things most clearly indicated; yet there are numerous cases, especially in the order *vesiculæ*, in which the torments of the patient cannot be relieved but by a free abstraction of blood, a severe administration of purgatives and antimony, and a very restricted diet; and this system must be pursued without regard to any limits but those indicated by the pulse and the skin, and the general tone of the system. In these cases relief follows depletion, as a spring rises when a load is removed. The features, which are generally dull and heavy, and of a dingy hue, become bright and clear as the treatment proceeds, and the patient frequently remarks that he finds himself stronger on bread and water than he was on meat and beer. During the earlier stages of the treatment the disease often becomes worse, every dose of medicine appearing, as patients express it, "to throw it out;" but it at length subsides rapidly, and gets well either spontaneously or under the influence of alteratives.

CASE I.—MRS. P——, aged 40, applied at the dispensary on the 18th of March, 1853, having suffered severely for six months with a vesicular eruption on nearly all the fingers of both hands, which rendered her almost helpless. She had been the subject of this disease occasionally for twenty years, and always suffered most during the period of lactation. She is nursing an infant a few months old. Her pulse is rapid and her skin hot, but she calls herself tolerably well. Some pills were given her, consisting of aloes, colocynth, cambogia and blue pill, to be taken every alternate night, and a saline aperient, with half a grain of the potassio-tartrate of antimony, three times a-day. No beer or meat allowed.

March 29th.—She has taken her medicine regularly; but the eruption has increased in extent and severity; the discharge has formed hard crusts; the fingers are swollen, and the itching is tormenting. Skin still hot, and pulse frequent and firm. Leeches to be applied to the fingers, and the medicine and diet to be continued.

April 29th.—She has lost her infant from some inflammatory attack; was relieved by the leeches, but is costive; has neglected her medicine while nursing her sick child. Resume the medicine.

May 20th.—No improvement; appetite failing; catamenia present. Continue the medicines.

27th.—Fingers much worse. Repeat the leeches and continue the medicines.

June 3d.—Much relieved ; health improved. Continue the medicines.

10th.—The hands are better, but the eruption has attacked the face and tarsi ; complains of giddiness. Six leeches to be applied to the temples ; continue the medicines.

17th.—Less giddy ; catamenial flow profuse ; feels very weak. Take a grain of beberine three times a-day dissolved in water.

24th.—Face and hands worse ; health better, but weak. Continue the beberine, with purgatives.

July 1st.—Better and stronger ; skin improving. Continue the medicines.

August 2d.—She has had one or two boils, and is now suffering from an attack of epidemic diarrhœa ; eruption nearly well. Take a dose of calomel and rhubarb, and continue the mixture.

16th.—Quite well ; feels better and lighter than for many months ; is much reduced in flesh, but not in strength. No external application was used except cold wet rags.

CASE II.—M. B———, a female servant, aged 28, of a spare habit, presented herself at the Dispensary, July 6th, 1852, with an eczematous eruption on the hams, legs, arms and neck, which had existed about twelve months, but had much increased for the last four or five weeks. Her occupation as a cook renders the disease almost intolerable, as every approach to the fire aggravates the itching. She complains of being very weak, but the bowels are always constipated ; she is otherwise in good health. A dose of compound rhubarb pills every other night, and two drachms of sulphate of magnesia, with half a grain of quinine, three times a-day.

July 13th.—Skin improving, but the bowels constipated. Compound colocynth and blue pill every night.

Under the action of purgatives she rapidly improved, but the disease returned with increased severity several times. Leeches, purgatives and antimonials, with a rigid diet, were at length found to be the only remedies available ; and after ten months of this treatment, in which an active purgative was taken every other night, for the whole period, she was discharged with a sound skin, in improved health, and complaining much less of weakness than when the treatment was first commenced. It is quite possible that in this case the blood might have been rendered impure by the absorption of fœcal matter ; but the cases of acute eczema complicated with constipation, and yielding to purgatives, are extremely common both in children and adults. Sometimes a chronic form succeeds, which requires the chloride of arsenic, but a large majority are found to yield to the depletion long-continued, and somewhat unsparingly administered. In many of these cases the patient appears feeble, looks pale, complains of weakness and lassitude, and has been improving his diet in order to gain strength. The pulse, however, is generally full and strong, and after a full bleeding, with doses of calomel, purgatives, and antimonials, the patient will often express himself as feeling stronger than he has done for months. There is, in these cases, a condition of pyrexia with diminished secretions, which is unnoticed by the patient, and

unless the pulse is carefully examined, likely to be overlooked by the practitioner. In fact, it is quite clear that in many instances it is overlooked, for the patients have generally been treated with Plummer's pill, iodine and sarsaparilla, the state of the bowels (often loaded with hardened fæces) having been entirely neglected. I may be allowed here to say that the simple principle of successful treatment consists in regarding the skin disease as not the thing to be treated, but simply as a sign of something wrong elsewhere; and when this is rectified by ordinary treatment, the skin recovers immediately. The only difficulty in the diagnosis is—that the patient complains of the skin only, and requires to be questioned and cross-questioned before the real condition of the constitution can be ascertained.

It remains to be observed, that nearly all the forms of cutaneous eruption attended by the secretion and discharge of serous or purulent matter, will yield to this kind of simple treatment without arsenic, mercury, or any other powerful alterative. On this point I have seen no reason to alter the opinion I published six years ago, that “by rectifying what is obviously wrong in the general system, we put the patient into a condition in which the local disease has a chance of getting well; and sometimes this is all we have to do; the *vis medicatrix naturæ* will accomplish the rest.” These few words present the outline of all I shall have to advance in these papers; but as, by reason of their fewness, they have been overlooked by hasty readers, by whom I have been ignorantly charged with administering arsenic indiscriminately, and by holding it out as a “panacea in skin diseases,” I deem it a duty I owe to myself, as well as to the profession, to illustrate by cases, what it was I wished to be understood by the phrase, “rectifying what is *obviously* wrong in the general system,” particularly as in that phrase is comprehended all that is requisite in the treatment of the ordinary forms of cutaneous disease.—*London Lancet*.

#### OBSERVATIONS UPON LIPOMA OF THE NOSE.

BY SAMUEL G. WILMOT, M.D., DUBLIN.

TUMORS of the simplest nature become the subject of surgical operation either from their interfering with important parts, from the inconvenience of their position, or from their unsightly or disfiguring appearance. For the two latter reasons, that curious growth from the nose which has received the name of “Lipoma” especially demands an operation for its removal. These tumors, growing from the extremity and alæ of the nose, when they acquire a large size hang downwards, disfiguring the individual so remarkably that he is compelled to observe the strictest retirement as the only means of screening himself from the unpleasant gaze of the public, and particularly from the juvenile part of it, who are apt, under such circumstances, to indulge their curiosity and risibility to rather a disagreeable extent.

But the annoyance arising from the disfigurement of a feature, the perfection of which is generally admitted to be, perhaps, not the lesta

essential to beauty, is probably a secondary grievance compared with others to which this affection leads; for when the tumors attain a very large size—which in some instances they do to an enormous degree—they fall down over the mouth, thereby interfering with the exercise of the sense of smell, impeding respiration, and proving a source of great inconvenience in eating and drinking. Sometimes these lipomatous growths occur singly; but oftener two, three or more, are to be found, varying in size. In the third volume of the *Memoires de l'Académie Royale de Chirurgie*, a plate is given by M. Civadier, showing two examples of this affection. In one case, four tumors are represented as having grown from both alæ of the nose, and which increased to such a magnitude that, to use M. Civadier's own words—"qu'elles lui formoient les narines, couvroient entièrement la bouche, et tomboient jusqu'au bas du menton." In the other case, five tumors are pictured, one very large, and the four others small.

In the case in which Mr. Hey removed a large growth of this description—a report of which, together with a plate, is to be found in the third edition of his works—"the tumor extended to the lower part of the under lip, and compressed his mouth and nostrils so much when he lay down to sleep, that he was obliged to keep a tin tube within one of his nostrils, that he might be enabled to breathe. He also generally wore this tube in the daytime, as the pressure which his mouth and nostrils suffered at all times from the bulk of his nose rendered breathing without this instrument somewhat troublesome. The tumor was in part immersed in the liquids which he drank, unless it was supported by his hand."

The nature of these growths was evidently quite misunderstood until lately. M. Civadier viewed the tumors he removed as carcinomatous; for in the work already alluded to he heads the account of the two cases he gives thus—"Description de plusieurs Tumeurs Carcinomateuses situées sur le nez." M. Delonnes, also, in a pamphlet published subsequently, and entitled "*The New Progress of Surgery in France*," calls the same affection "a sarcoma tending to carcinoma." It is now well known, however, that this disease is quite benign in its nature, being a hypertrophied condition of the skin and subjacent areolar tissue, with great enlargement of the sebaceous follicles. Dalrymple gives the following description of the affection:—"This disease cannot be called simple hypertrophy, since this tissue has lost its natural pliancy and natural color; but rather approaches to a state of *elephantiasis*, in which the cellularity is partially destroyed, and a fibro-cellular structure substituted. The mass presents, externally, a nodulated surface of a purple or deep-red color, traversed by numerous minute and tortuous vessels. The larger separated portions are frequently divided from each other by deep fissures, occupying in many cases the convexities of the alæ and extremity of the nose. Where the disease has been of long standing, the altered state of skin advances as high as the junction of the frontal with the nasal integuments, seldom encroaching much on the palpebral furrows laterally, but accompanied, in the majority of instances, by a mottled state of the skin of the cheek, corresponding in color and general

appearance with the tumor of the nose. The sebaceous follicles are greatly enlarged; and their secretion is not only increased in quantity, but unless extreme cleanliness is attended to, it is offensive in smell, and excoriates the surrounding skin."

Notwithstanding the simple nature of the disease, it would seem that until recently surgeons were timid in operating upon it, apparently from the dread of hemorrhage. Sir W. Blizard is reported to have lost a patient from bleeding, upon whom he operated for the removal of a growth of this kind. Mr. Liston, however, in alluding to this unfortunate case, suggests the probability that there was an error in the diagnosis, and that the tumor must have been of the character of aneurism by anastomosis, and not lipoma. In the case operated upon by Mr. Hey, the hemorrhage, he states, was so considerable that the patient, although a stout man, nearly fainted. It is natural to suppose that a hypertrophied structure, the growth of many years, should be extremely vascular, and consequently bleed smartly upon being cut; but this is no argument against the operation—it is merely a reason for greater energy and quickness upon the part of the operator and his assistants. Mr. Liston says he has removed the disease "in a great many cases without one untoward accident." Mr. Syme has also removed a very large lipomatous growth from the nose of a man aged upwards of 80 (the case is recorded in the *Edinburgh Monthly Journal* for September, 1852), without the least unpleasant consequence; and it is now quite evident, that there is no ground for refusing to rid any individual of so disagreeable and disfiguring a companion.

The following case, in which I was recently called upon to operate, is a good example of lipomatous disease, and illustrates the perfect success of the operation for its removal.

I was requested by Dr. Tyler to accompany him to a short distance beyond Derry, for the purpose of removing a lipomatous excrescence from the nose of a gentleman, to whom the inconvenience arising from it became no longer endurable. The patient was 65 years of age, of healthy constitution, stout make, and rather florid complexion. The disease was of sixteen years' growth, and had increased more rapidly within the last five years than previously. There were two tumors. One, the larger of the two, equalled in bulk a good-sized apple; it was quite pendulous, and hung down over the mouth, being attached by a broad base, which extended from about the middle of the mesial line of the nose to its extreme point, and laterally upon each ala for a short distance; thus, the lower part of the nose was regularly imbedded, as it were, in the excrescence. The second tumor was about one fourth the size of the other, and was also pendulous; its base, which was rather oval in shape, being attached to the left alar cartilage. Upon raising up the tumors, the margin of the nostrils and the columna were observed to be perfectly free, so that it was obvious the morbid growth could be removed without injuring the proper form of the nose. The diseased mass was flaccid and corrugated, and when handled conveyed a peculiar soft, spongy sensation, with an obscure feeling of fluctuation, and upon pressing it firmly a quantity of sebaceous matter exuded from

several points. The skin of the nose, generally, was coarse and rough, being studded over with enlarged crypts; and at the lower part of the right ala was a tubercle, evidently the commencement of another tumor. The larger growth caused the greatest inconvenience; when the patient lay down to sleep, he was obliged, in order to breathe freely, to raise up the mass by means of a band passed beneath it and tied behind the head; and in eating and drinking much annoyance was experienced; beside this, the disfigurement from it was very remarkable.

With the assistance of Dr. M'Intire, of the Muff Dispensary, and Dr. Hunter, of Newtownlimavady, the tumor was removed. The large growth was first excised in the following manner:—The index finger of one of the assistants having—as recommended by Mr. Liston—been introduced into the right nostril, to give warning should the knife be carried too close to the cartilage, an incision was made along the right side of the tumor, in a semicircular direction, extending from the mesial line above, running along the edge of the naris, and terminating at the point of the nose; the tumor was then dissected up to the median line. Next, the finger having been introduced into the left nostril, a similar incision was made along the left border of the base of the tumor, and this side was dissected up as far as the median line. When the tumor was removed, the cut surface was clipped with a scissors, to render it as smooth and even as possible. The only difficulty in the operation was the avoiding too close encroachment on the margin of the nares, and injury to the cartilage in dissecting round it in the mesial line; for the lower part of the nose was so buried in the base of the tumor, and the structure was so dense, that mischief might readily have been done to the cartilage if due care had not been taken.

The smaller tumor was removed by an elliptical incision, which left but a narrow cut.

The bleeding during the operation was very smart; there were several arteries, fully as large as the coronary of lip, divided, but after the dissection of the tumor was completed, it was immediately commanded by pressing a small piece of dry sponge firmly for a few moments against the surface, after which the vessels were taken up and were secured separately.

For the first few days, water dressing was kept to the part, after which a lotion of sulphate of zinc, and subsequently one of borax, was applied. In less than four weeks the two cut surfaces were completely cicatrized.

After removal, the tumors were found to weigh nearly four ounces. Their structure, to the naked eye, appears to be composed of longitudinal fibres, taking a semicircular course, and bound so closely together that no trace of cellularity remains. It is of an ashy-white color, and extremely dense, which fully accounts for the sensation conveyed in dissecting up the tumor; for the point of the knife regularly grated against it, as if it were cutting through a gritty substance. Imbedded in it were several cysts, distended with atheromatous matter, varying from the size of a small pea to that of a hazel-nut, and which were doubtless the cause of the obscure feeling of fluctuation which the mass yielded.

While this paper was passing through the press I received a letter from Dr. M'Intire, from which the following is an extract:—"The ope-

ration has proved very satisfactory in its result. Our patient is now a very well-looking man, with a well-shaped and proportionate nose."—*Dublin Quarterly Journal of Medical Science.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 9, 1853.

*Professional Munificence.*—Boston has been blessed, in almost every period of its history, by members of the medical profession, who were distinguished, among other excellences, for their public spirit, or for their quiet, unobtrusive benevolence. It is fresh in the public recollection that the late Dr. Parkman's charities were extensive, and that one of his last great gifts, was the land on which the Medical College in Grove Street now stands. We have in our midst, at the present time, a medical gentleman who is constantly contributing, from his abundance, to the support of the deserving poor, or to the strengthening of useful institutions, and who in all respects shows, by his actions, without the least noise or parade, that he considers himself a steward, under Providence—and one who is constantly prepared to render an account of his stewardship. We should hardly have dared to refer in this manner to Dr. George C. Shattuck, were it not a subject of conversation and congratulation that within a few weeks he has given *fourteen thousand dollars* towards sustaining the professorship of morbid anatomy at Harvard College. To the lasting credit of the University, the chair is hereafter to be called the "Shattuck Professorship." This is but a tithe of what has been done by this eminent physician in advancing the best interests of a profession of which he is a distinguished member. Though the fact of the donation was announced in the Journal last week, we feel that it devolves upon us to do something more than simply to announce it, and we have therefore taken the liberty of again alluding to one who is thus using the gifts of fortune, to elevate and dignify the medical profession.

*Punishment of Convicts.*—The following article is taken from an exchange paper:

"A resolution has been introduced into the Kentucky Legislature, which provides that 'the keeper of the Penitentiary shall procure a suitable chemical dye, such as will stain the cuticle or outer surface of the skin perfectly black, so that it cannot be washed off, or in any way removed until time shall wear it away, and nature furnish a new cuticle or surface; and that with this dye he shall have the nose of each male convict painted thoroughly black, and renew the application as may be necessary to keep it so, until within one month of the expiration of his sentence, when it shall be discontinued for the purpose of permitting nature to restore the feature to its original hue, preparatory to the second advent of its owner into the world.'"

It is questionable whether any chemical application can be thus applied, year after year, or even for months in succession, without producing a permanent disfiguration of the organ. The perpetual effort of the system to throw off extraneous matter, of the character proposed, would be very likely to result in a permanent engorgement of the vessels, and subsequently an

enlargement of the nose, if not an unnatural redness, for the remainder of life. However desirable it may be to secure the public against the depredations of rogues, we believe it morally wrong to mar the countenance, or in any manner disfigure the human face divine, even in the case of criminals. Civilization has triumphed over the barbarous codes of the old world; and in the United States, the whipping-post, the pillory, branding irons, and the cropping of the ears, might be revived with as much propriety, as the adoption of the nose-staining edict proposed in Kentucky.

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*Theoretical Dentistry.*—In common, probably, with all editors of scientific and literary periodicals, we are often surprised or amused by the letters and personal applications of correspondents. Not long since, a grave and venerable man was very urgent that we should assist him in procuring a publisher for a work which he had ready for the press. On inquiry into its character and objects, the author said it was a theoretical, practical treatise on dentistry, containing an elaborate review of the work of a dental operator, who, when alive, resided in New York. Ascertaining that it was a publication not only out of print, but absolutely good for nothing at the time of its appearance, the gentleman was assured of its insignificance, and further informed that the author had been dead nearly twenty years. None of the present generation knew of him, as he had not sufficient reputation to sustain the book. "Never mind that," said our reviewer; "I wish to galvanize him into life again, by the force of a scathing criticism." It was with extreme difficulty that he could be made to comprehend that no publisher in his senses would embark in the enterprise, or that a particle of interest would attach to the opinions of a defunct, obscure dental artist; and besides, that branch of professional business has assumed a new position, sustained by science and mechanical skill, quite unknown to the operators of his model author's day. All this, however, failed to convince him of the complete failure that would characterize his efforts—for he still insisted that a cutting, slashing review would wake up the profession, turn public attention to the importance of understanding the anatomy and physiology of the teeth; and, lastly, it was evident, the expectation was indulged of filling his own pocket with the avail of his heroic daring as a reviewer.

Propositions for publishing new theories and opinions that are expected to turn the medical world topsy-turvy, are quite common. Such clear and distinct displays of the radical defects of all the known systems of medicine are proposed by these writers, that a mighty revolution would seem inevitable as the result of the promulgation of their views. To discourage them in their literary labors, is evidently the duty of their friends, though this is apt to result in the loss of their friendship.

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*Medical Meetings in Cincinnati.*—From a variety of sources, detached accounts of the late wordy war of the faculty in the Queen city of the West, has reached the Atlantic border, as our readers have already been informed. The last number of Dr. Buchanan's Journal contains a full report of all the facts and circumstances relating to the matter. After following the details of each meeting, which bear a striking similarity to a police report, it is quite impossible to ascertain who was right. Certain it is, that all were wrong who participated in the vituperations recorded. A certain candidate for a prominent elective office, after reading what the papers asserted of his character, said that he had no idea that he was so bad

till he saw it in print. Such will be the conclusion of some of the Cincinnati physicians, as the weaknesses and failings of each were unsparingly portrayed by the speakers. There were some plain truths told, shackled and embarrassed by extravagant representations of individual ambition. Many appear to have agreed that the Hospital, the question concerning the possession of which gave rise to the protracted and disgraceful controversy, was a badly-managed institution. It was a singular declaration to make, before a great assembly, that in one department there "*were only three old women, kept there for nest eggs!*" Some parts of the speeches of Dr. Tho. O. Edwards, a former member of Congress from Ohio, are without a parallel in medical discussions. If he can outlive the effects of his oratory, and especially of such stories as Pat and Murphy's whiskey frolic, and Sally and Jacob, he is invulnerable. Dr. McIlvaine seems to have exercised a keen vein of wit, to the terrible annoyance of his adversaries. When he attempted to be severe, his very words were scorching. On the whole, it will prove an unfortunate quarrel, by establishing personal animosities between gentlemen who ought to be on the best professional terms.

*Middlesex (Mass.) District Medical Society.*—The annual meeting of the Middlesex East District Medical Society was holden Nov. 2d. The following is the list of officers chosen for the ensuing year:—

Dr. Alonzo Chapin, of Winchester, *President*.

Dr. Joseph D. Mansfield, of South Reading, *Vice President*.

Dr. Truman Rickard, of Woburn, *Secretary*.

Dr. Augustus Plympton, of Woburn, *Treasurer and Librarian*.

Dr. S. Watson Drew, of Woburn, *Auditor*.

Drs. Benjamin Eaton of Woburn, Moses Parker of Melrose, Horace P. Wakefield of Reading, *Counsellors*.

Drs. Alonzo Chapin of Winchester, Horace P. Wakefield of Reading, Truman Rickard of Woburn, *Censors*. T. RICKARD, *Secretary*.

*Surgical Pathology.*—From Messrs. Lindsay & Blakiston, a volume has been received in the form of a large octavo, containing 700 pages, bearing the title of "*Lectures on Surgical Pathology, delivered at the Royal College of Surgeons of England, by James Paget, F.R.S., late of St. Bartholomew's Hospital. Hypertrophy; Atrophy; Repair; Inflammation; Mortification; Specific Diseases; and Tumors.*" A more complete system of instruction in the departments embraced by the learned author, has not appeared in any language. Superadded to the text, are 672 illustrations on wood, adding immensely to its value. There is a desirable freshness in this work, which the reader fully realizes, in proceeding from one page to another, made the more apparent from the multitude of comparatively recent facts. Then, again, such are the exactions of modern science, that nothing can be taken in evidence unless most carefully sustained, and tested in a variety of ways known to modern medical research. In the official relation of a teacher of anatomy and surgery at the Royal College of Surgeons, from 1847 to 1852, the author improved his rare opportunities for personal investigation and exploration; and the large volume to which these observations refer, shows how faithfully time was economized to collect and arrange such a mass of materials. In number, the lectures are fifty-three, embracing a great amount of valuable information. At the twentieth lec-

ture commences the consideration of specific diseases, including cysts and tumors of all known descriptions. We have no recollection of having anywhere seen a greater amount of that kind of direct instruction, which is so much needed, as quacks monopolize a majority of the tumors and formidable ulcers. This treatise has made its appearance at a fortunate period; and that part especially embracing tumors will be, we trust, extensively appreciated.

*Boston Society for Medical Improvement.*—Through the politeness of the Secretary of this Society, Dr. Morland, a pamphlet containing the constitution and by-laws, together with a catalogue of the members, has been received. An increased interest would have been felt in it, had a synopsis of the transactions been introduced. Physicians of the city, not having the honor of belonging to the Society, would derive satisfaction from a perusal of the monthly doings. The cabinet is known to be a very choice one, and in the constant process of augmentation. If, however, it were open daily to medical strangers, as well as the profession in town, the effect would be favorable in many respects. It is not always possible for those who would like to study morbid specimens, to be present at a regular meeting. We have no other motive in these remarks than a cordial desire to have the greatest amount of good accomplished, both for the institution and society at large.

*Death of Dr. Jones, of Maryland.*—At a late meeting of the Talbot Co. Medical Society, appropriate resolutions were passed respecting the recent death of Dr. William Jones, of St. Michaels, Md. Dr. C. C. Cox, President of the Society, made some appropriate and feeling remarks, from which we learn that Dr. J. was a humane and judicious physician, a sterling citizen, a constant friend, and a consistent and exemplary christian. He graduated at Philadelphia in 1848, and had already acquired an extensive practice. The disease which caused his death was colonitis, supervening upon remittent fever. From the moment of his attack, he formed an unfavorable prognosis, but he manifested no impatience nor murmuring. In the morning of the day on which he died, he said to one of his physicians—"Throw open the shutters, that I may see the light once more. It is the last earthly day that will ever dawn upon me, but an eternal day of joy is opening before me."

TO CORRESPONDENTS.—The following communications have been received:—Some account of the Medical Profession in Hancock Co., Ill.; Poisoning by Cobalt; Homœopathy; On the Adjustment of the Eye to Distances; Operation for Hernia.

MARRIED.—At Brooklyn, N. Y., Dr. James F. Burrill to Miss Helen S. Milledoler.—At Lebanon, Me., John S. Parker, M.D., to Miss Miriam B. Wood, of L.

DIED.—At Lexington, Mass., Dr. Amariah Preston, aged 95 years and 6 months.

*Deaths in Boston* for the week ending Saturday noon, Oct. 5th, 69. Males, 31—females, 38. Accident, 1—inflammation of the bowels, 2—burn, 1—disease of the brain, 2—congestion of the brain, 1—consumption, 17—convulsions, 3—croup, 4—dysentery, 3—dropsy, 1—dropsy in the head, 2—infantile diseases, 5—puerperal, 1—typhoid fever, 3—scarlet fever, 2—hooping cough, 2—intemperance, 1—inflammation of the lungs, 5—marasmus, 1—measles, 4—old age, 2—pleurisy, 2—smallpox, 1—inflammation of the stomach, 1—thrush, 2.

Under 5 years, 28—between 5 and 20 years, 6—between 20 and 40 years, 20—between 40 and 60 years, 10—above 60 years, 5. Born in the United States, 48—Ireland, 18—Germany, 2—England, 1. The above includes 7 deaths at the City Institutions.

*Penalties to which Medical Men are exposed in the discharge of their Duties, as seen in the Case of Rough v. Rough, Lyell, and others.*—Judges, including Justices of the Peace, are protected in the discharge of their duties; counsel are not responsible for the opinions they deliver, or for the proceedings they advise, and jurymen incur no penalty by returning verdicts even contrary to evidence. But the medical profession enjoys no such immunity. Medical men, for acts done in the discharge of their duty, are exposed to legal penalties, and may be subjected to vexatious lawsuits on the weakest and most unfounded allegations. Of this a remarkable illustration is afforded by the case of *Rough v. Rough, Lyell, and others*, tried before the Lord-Justice Clerk and a jury on the 9th of August last.

The circumstances of that case are briefly these:—

The pursuer, *Rough*, was brought from a distance to her mother's house in a state of insanity, in February, 1847. Dr. *Lyell*, of Dundee, at the request of her relatives, had several interviews with her, for the purpose of examining into her state of mind; and thereby, and also from inquiries at her relatives and others, and correspondence with the medical man who attended her previously, satisfied himself of her insanity. Accordingly he granted a certificate, on a petition to the Sheriff of Edinburgh, for warrant to confine her, and this certificate was subsequently signed by Drs. *Moir* and *Scott*, of Musselburgh, after they had carefully examined the patient. A warrant was thereafter obtained for her confinement in an Asylum, near Musselburgh, where she was in consequence placed. She remained and was treated there down till about August, 1850. By that time she had improved in health, and was, in consequence, permitted to remove and board with a family in the village of *Ormiston*.

Having afterwards recovered, or at least alleging that she was sane, and had never been insane, she brought an action against her relatives and others, and also against the medical men, to recover damages from the former for having wrongously confined, or caused her to be confined, and wrongously detained, or caused her to be detained, in the asylum; and from the latter for granting their certificates without due inquiry and examination.

Drs. *Lyell* and *Scott* (*Moir* being dead), were compelled to defend this action, and after a costly record had been made up, issues were adjusted, and the cause set down for trial. Much trouble and great expense were incurred in getting up evidence and preparing. The day of trial came. A host of counsel appeared for the parties. A jury was impanelled and the trial commenced. But so utterly groundless was the pursuer's case found to be, that after two or three of her witnesses had been examined, her counsel gave it up altogether, and the judge had to direct the jury to return a verdict for the defenders, in respect there was no evidence to go to them.

The result of this triumphant refutation of the pursuer's accusation is, that Drs. *Lyell* and *Scott*, for conscientiously certifying what they believed to be true, are amerced in a heavy bill of costs. For, although the verdict entitles them to decree for expenses, that decree will, it is believed, be utterly worthless. Surely for such a grievance a remedy should be provided.—*Edinburgh Monthly Journal of Medical Science.*

*Bad Water and Cholera.*—From the account received from *Carlsrona*, in Sweden, it will appear that the immense havoc which the cholera has made has been in a great measure attributed to the bad quality of the water. Out of a population of 12,000 inhabitants, there have been 1767 cases, and 932 deaths.—*London Lancet.*

13414

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## SPONTANEOUS GENERATION OF PRUSSIC ACID IN A MEDICAL COMPOUND.

BY JOHN T. PLUMMER, M.D., RICHMOND, INDIANA.

I do not know that the attention of the medical profession has heretofore been called to the fact that alkaline combinations with organic matters, at least sometimes generate *hydrocyanic acid*. Nor did it present itself to my own mind until recently. I think it should claim the notice of those who are interested in the treatment of disease, as well as of those who are engaged in pharmaceutic chemistry.

The short train of events leading to the development of this fact was as follows:—

A young physician applied to me on account of an attack of sickness the day before, for which he could assign no satisfactory reason. He said that while he was engaged in reading, he suddenly became unconscious, and remained so for half an hour, according to the statement of his wife. After he revived sufficiently to walk about, he said he felt half bewildered, and found that his powers of recollection were greatly impaired, if, indeed, they were not sometimes entirely gone.

He could not attribute it to anything inhibited, unless it was a preparation of carbonate of potash and tincture of hyoseyamus which a distinguished Eastern physician had prescribed for him, and which he had repeatedly taken before, without any ill effect.

As the patient belonged to the class of dyspeptics, I was at first inclined to attribute his attack to some ordinary gastric derangement displaying itself upon the nervous system; but on further reflection and consultation with him, I learned that the preparation of which he took the dose in question (a teaspoonful), was one that he had made some time before and laid aside.

This consideration induced me to make a chemical examination of the contents of the vial. At the bottom of the vessel there was a copious, pure white, delicate deposit; the supernatant fluid was clear, and had a suspicious odor, which led me to test for prussic acid. There was a perceptible fermentation going on in the liquid.

The white sediment was collected on a filter, washed and subjected to the action of acids, and also to the red heat of a platinum spoon.

But none of these agents produced any sensible impression upon it. I then exposed it to the heat of a blow-pipe flame, with carbonate of soda, and obtained, what I anticipated, silicate of soda. The *silica* was probably derived as an impurity from the carbonate of potash, which entered into the composition of the medicine.

The filtrate was received into a wide-mouthed vial; and the mouth covered with a slip of glass moistened on the under side with nitrate of silver in solution. In a short time, the solution was observed to become opake and white. The white film was treated with  $\text{NO}_2$ , without effect; but cyanide of potassium immediately dissolved it.

The mouth of the vial was now covered with another piece of glass moistened with  $\text{NH}_4\text{S}$ ,  $\text{HS}$ . After some minutes the glass was removed, and the moisture, now milky, gently evaporated. To the dried residue a solution of persulphate of iron was applied by means of a glass rod drawn over the surface. The modena red streaks which appeared, confirmed the former results with  $\text{Ag NO}_3$ , and left no doubt of the presence of *hydrocyanic acid*.

As further evidence, however, of the existence of  $\text{HCy}$  in the fluid, I added to the filtrate (about an ounce of it) solution of  $\text{Ag NO}_3$ , till all precipitation ceased. The precipitate was collected and washed, and  $\text{NO}_3$  added. By this means the carbonate of silver, &c., were removed. The undissolved residue was washed, and was found to be soluble in cyanide of potassium; and to be decomposed by  $\text{HCl}$  with liberation of the prussic acid odor.

This was the extent of my analysis. The reader must judge for himself whether I found sufficient cause for the alarming symptoms manifested by the patient. He took no more of the medicine. More than a month has elapsed since the attack, and there has been no return of the symptoms.

Judging from the presence of  $\text{HCy}$  in the fumes over the soap-kettle, and in the odor of *crude* potash, I suspect it will be found, that with moisture, potash and carbonate of potash, by their re-action on organic matter, generally generate this dangerous remedial agent.—*American Journal of Pharmacy*.

#### THE YELLOW FEVER IN PHILADELPHIA.

[THE last number of the Transactions of the College of Physicians of Philadelphia contains much information concerning the fever which was prevalent in certain parts of that city in July last. Its origin seems to be traced to the barque Mandarin, which arrived there on the 13th of July, from Cienfuegos, which place she left on the 25th of June, having lost two men by fever during the passage. At the meeting of the College, August 3d, Dr. W. Jewell presented a history of the fever, from which we copy the concluding portion.]

From all the facts above recited, we may be warranted in drawing the following conclusions:—

1. That no disease of a malignant type was prevailing in our city previous to the arrival of the Mandarin.

2. That none of the seamen discharged from the Mandarin have sickened.

3. That none of the laborers employed in unloading the Mandarin have taken the disease.

4. That the fever did not develope itself until after the cargo was discharged; when, it is believed, the noxious emanations which had been latent in the hold, under the limbers of the vessel, had an opportunity (acted upon by certain exciting causes, as heat and moisture) to disseminate itself, and, coming into contact with other elements of decomposition existing on shore and in the docks, soon poisoned the atmosphere of the immediate neighborhood where the barque lay moored.

5. That in no instance can the disease be traced to any individual, except among those who either visited or resided in the immediate vicinity of South and Lombard street wharves.

6th. In no case has the disease been communicated to any person visiting, or engaged in attendance upon the sick.

7. Up to this period, not a single instance can be met with, having its origin to the south of where the Mandarin lay last.

[At the meeting of Oct. 6th, the subject was again brought up by the members.]

Dr. J. Wilson Moore remarked that his location had given him an opportunity of witnessing several of the cases of fever prevailing in the infected district. For a few days past he had not seen or heard of any new case, and he believed the disease was now rapidly declining.

The fever had been unquestionably a very malignant one; he considered it genuine yellow fever. It was confined mostly to the locality between Lombard and Almond streets on the north and south, the River Delaware on the east, and Front street on the west. Some of the cases which fell under the notice of Dr. Moore were attended with but slight re-action, marked with great prostration, pains in the back and limbs, injection of the eyes, irritability of the stomach, and tenderness at the epigastrium. In other cases re-action was more decided, and of a more inflammatory character; pulse 110, with some tension. The cases attended with slight re-action and prostration were treated with stomachics, morphia, diaphoretics, aided by external warmth, turpentine, ammonia, and, when occasion required, mild cathartics. Those in which the re-action was decided, and the general aspect inflammatory, were treated by venesection, cups or leeches to the head and epigastrium, laxatives, diaphoretics, and the antiphlogistic remedies generally. The success of the treatment has not, however, been marked; the milder cases mostly yielded to venesection or sweats, with mild diaphoretics and cathartics; the more violent generally sank under any mode of treatment that was instituted.

One case, the doctor remarked, was to him particularly interesting.

A gentleman of full habit, strong and athletic, was attacked by a slight chill, which was treated by his wife with frictions of warm whiskey to the extremities, external warmth and other simple remedies. Dr. Moore

saw him five hours subsequent to the attack. Fever had then set in, with pain of the head, back and limbs, and some tenderness of the epigastrium; pulse about 110, with but little tension. Dr. M. immediately tied up the patient's arm, and drew off about twenty ounces of blood, and directed calomel and Dover's powder, half a drachm of the first and one scruple of the latter, divided into four powders, which the patient was to take during the night, drinking at the same time warm snakeroot tea; and to have warm bricks applied to his feet, and to be covered with blankets. A profuse perspiration was thus induced. In the morning the doctor found his patient with diminished fever; but still complaining of some pain in the head. He was now cupped upon the temples, and this was followed by leeches, and a blister to the epigastrium. In the course of the day his fever remitted, and his pulse sank to 86. On the third day, the pain in his head ceased; and the surface of the body exhibited a tendency to coolness; turpentine julep and wine whey were then administered. He now appeared to convalesce, and continued to mend until the latter part of the fifth day, when an unexpected change took place; he sank rapidly, and died about 4 o'clock, P. M., the succeeding day.

The remedies all acted satisfactorily, producing the effect expected, with one exception; the odor attendant on the administration of turpentine was not perceptible in this, or any other case where it was given. The blood drawn coagulated readily, but exhibited no buffy coat; the clot was soft, allowing a pin to be passed through it with great ease and in every direction. The patient exhibited a slight yellowness of the skin.

Upon an examination of the body after death, the only morbid appearances detected were in the stomach. This viscus contained about half a pint of black vomit. There was a general injection of the vessels of the stomach, especially about the cardiac portion, giving the appearance as though this part was surrounded by a dark ring. When the liver was cut into, blood followed the incisions, and, on cutting into the kidney, no smell of turpentine was discoverable.

Dr. Moore was pleased with the result of the sweating practice in the cases which fell under his notice.

In one case, in consultation with Dr. Gegan, quinine was administered without any good result. The fever had intermitted, and convalescence appeared to have set in; but in a few hours after the quinine was given, hemorrhage from the tongue, gums, bowels, &c., took place, and it was only by the assiduous administration of turpentine, ammonia, wine whey, nourishment and other appliances, that the patient was saved.

From the use of turpentine in the latter stages of the attack, Dr. Moore has seen the best results; he considered it, with yeast and diffusible stimulants, as important in the stage of apyrexia, as bleeding in the early stage of the decidedly inflammatory cases.

Dr. Moore referred to two cases attended with black vomit, dark-colored discharges from the bowels, hemorrhages from the gums, &c., and the utmost prostration, which were seen by him in consultation on the seventh and ninth days after the attack. Under the use of turpentine, ammonia,

and other stimulants, the patients are so far recovered as to sit up, though one is still very feeble, and with bed-sores upon her back.

Dr. T. H. Bache stated that the number of cases of yellow fever admitted into the Pennsylvania Hospital had been *twenty-three*; of these, *fourteen* had died, *seven* recovered, and *two* still remain. These cases were placed in the common wards, without any attempt to separate them from, or to prevent intercourse between them and the other patients, but in no instance had the disease been communicated to the latter.

#### STRANGULATED UMBILICAL HERNIA—OPERATION.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Mrs. W., of Portsmouth, aged 72 years, has had a reducible *umbilical* hernia for the last six years. Friday, Oct. 21, while reaching, in washing windows, a larger fold of intestine than usual protruded and became strangulated. She attempted as usual to reduce it, until Sunday evening. From that time until Monday morning, Dr. Oliver and myself made three attempts to reduce it by taxis, without succeeding, notwithstanding we kept ice on the tumor, gave a tobacco injection, and gave half-grain morphine powders every two hours, from half past nine in the evening until six Monday morning.

We then advised an operation as the only remedy that would save her life, but could not get her consent to it until Wednesday morning. Having at this time given up all hopes of relieving her, she said we might do with her what we pleased. With the kind and valuable assistance of Drs. Oliver and Curtis, and Mr. C. Kimball, I operated with entire success, without her feeling the least pain, she being under the influence of sulph. ether. We found in the sac both omentum and intestine, which were immediately returned, after severing the stricture, and the incision was brought together and fastened with stitches and adhesive plasters. A bandage was put around her, over a compress wet in cold water, and another cloth wet in cold water put on outside of the bandage, to be changed as often as it became warm. Immediately gave forty drops of M'Munn's elixir of opium, and continued to give from thirty to fifty drops of same every three hours until the grave symptoms had subsided and she was able to do with less. We kept the temperature of the room at 75o Fah. constantly through the case. From the hour of the operation the vomiting and other severe symptoms began to subside. Two small operations on the bowels took place same night. Gave a tablespoonful of castor oil Thursday evening, which operated kindly that night. We have given no other medicine except the above-named drops, with a little sweet spirits of nitre, and yet the bowels have been free.

The swelling and inflammation of the bowels gradually subsided, so that, at this time, the eighth day after the operation, the pulse is slow, regular and soft, skin cool, bowels free, with very little soreness, and she is in a fair way to recover. Sits up a little each day. We are now giving her wine, and no other medicine. Respectfully, N. L. FOLSOM.

Portsmouth, N. H., Nov. 2, 1853.

## POISONING BY COBALT OR ARSENIC.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In the Journal of October 26th, Dr. C. B. Galentine, of Rush, N. Y., reports a case of “Supposed Poisoning by Cobalt;” at the close of which he proposes the following questions, viz. :—

- “1st. Is ‘cobalt’ (as used to destroy flies) a poison? and if so,
- 2d. What are the characteristic symptoms?
- 3d. What is known of the treatment?”

As the subject is one of considerable importance, owing to the dangerous and very general use of the substance absurdly called “cobalt,” as a fly-poison, I offer the following as a reply.

(1). Some of the salts of cobalt are irritants to some extent, but the article in common use under that name as a “fly-poison” is a very *pure ore of arsenic*, containing only occasional traces of cobalt, commonly in the form of an arseniuret. Such being the fact (2), the “characteristic symptoms” (as in the case reported), and (3) the proper treatment in a case of poisoning from its use, will be the same as in an ordinary case of poisoning with arsenic.

Death and accidents from taking it are not unfrequent, and its sale and use as “cobalt” is a reprehensible and dangerous practice, which from a due regard to human life, ought to be abandoned by druggists and discontinued by the medical profession.

Prof. B. Silliman, Jr., in his Chemistry, says, “This metal [arsenic] is known by druggists under the absurd name of *cobalt*, and is sold to destroy flies.” Prof. Silliman, Sen., in his public lectures also denounces the practice as “dangerous and often productive of fatal effects.”

Respectfully, J. WASHINGTON SMITH, M.D.  
*East Franklin, N. Y., Nov. 2d, 1853.*

## UNITED STATES THERMOMETER.

[Communicated for the Boston Medical and Surgical Journal.]

A THERMOMETER, adapted to the climate of the United States, has been graduated, and will soon be offered to the attention of the medical profession and the public.

In this thermometer, the 0 *point* is placed at blood heat, or 98o of F.; *boiling point*, 114o above 0; *fever heat*, 7o above 0; *summer heat*, 30o below 0; *congenial heat*, 36 below 0; *mean annual heat*, 50o below 0; *freezing point*, 66o below 0; *cold of snow and salt*, 98 below 0.

It will readily be perceived that the boiling point corresponds to 212o of Fah.; fever heat to 105o Fah.; summer heat to 68o Fah.; congenial heat to 62o Fah.; mean annual heat to 48o Fah.; freezing to 32o Fah.; and the cold of snow and salt to 0 Fah.

Blood heat is the habitual, universal standard of judging of the variations of heat in all parts of the world. It is quite as uniform as any of the other points that have been assumed as zero points, and is intelligible to the whole human race. Blood warm is almost the first sensation which we experience in life. The infant learns it in the first draught from the

maternal breast. The milk is *blood warm*, or 98° of Fah. In the temperate, the torrid, and the frigid zones, this heat is the same. It is universally known. In the torrid zone the freezing point, or the congelation of water, is never witnessed unless upon very high mountains, much less the cold of snow and salt unless by way of experiment. The reduction of mercury to the zero point of Fah. is a nice chemical experiment, and would scarcely be produced by two persons in opposite parts of the world without a knowledge of each other's processes.

Water boils at 212° Fah., but the weight of the air must be at a particular point. If the barometer stands at 29 instead of 30, water boils before the mercury reaches the 212° point.

Water freezes anywhere between 40° and 32° Fah. Neither the boiling point, the freezing point, nor the cold of snow and salt, therefore, are very definite points, or points likely to be arrived at by people in different parts of the world, whose processes are unknown to each other.

The heat of the blood of healthy people hardly varies a degree in any climate or season. The internal cavities of the body preserve this degree of temperature with remarkable uniformity. In so popular an instrument as the thermometer should be, blood heat is therefore by far the most suitable point for 0. The mind naturally compares every change of temperature with the heat of the body, or a blood-warm sensation, and becomes confused when any other standard is appealed to. If blood heat be the 0 point, our sensations or feelings will conform to the changes of the thermometer, or that instrument to our sensations of heat and cold. To a majority of people, Fahrenheit's thermometer is scarcely intelligible; and where it is, no little degree of thinking is required to compare the place of the mercury with the sensations of cold or heat. The reason is very plain; the graduation of the instrument does not conform to the natural order of our sensations and ideas.

The *summer heat* of Fah. is 75°. The average heat of our three summer months for the last twenty years is 68°. This appears from the published tables of Prof. Caswell of Brown University, Providence, R. I. Fahrenheit probably meant to express the mid-day heat of Amsterdam, in Holland, where he resided. In his time it was customary to make but one observation a-day, and that at noon or a little after it. By a table published in the Boston Almanac for 1848, by S. N. Dickinson, the average summer heat by the noon observation is 76 1-2°. The summer and annual temperature of Boston and Providence probably are very nearly alike. Providence is half a degree south of Boston, but Boston is nearest the sea. The summer heat of the central parts of England is only about 62° Fah., 13 degrees below the "summer heat" of Fah. The summer heat point of Fahrenheit, therefore, has no adaptation to our climate nor the climate of England.

The *temperate point* of Fahrenheit probably expresses the annual mean heat of Amsterdam, deduced from one daily observation. The *mean annual heat* of our latitude at Providence, R. I., is 48° by the tables of Professor Caswell, 4 degrees below the temperate point of Fahrenheit. The mean annual heat of England is 50°. The *temperate*

point, therefore, of Fahrenheit, neither expresses the annual temperature of England nor of our latitude.

*Fever heat* is usually marked on Fahrenheit's scale,  $112^{\circ}$ . The heat of fever, according to Fordyce, is never seen above  $105^{\circ}$ . Hunter never found the heat of inflammation more than  $102^{\circ}$  or  $103^{\circ}$ , and it is doubtful whether the heat of fever is ever much higher than that of inflammation. The writers of Fahrenheit's time profess to have found the heat of fever much higher than their successors.

The mean annual heat of Virginia, at Richmond, is about  $52^{\circ}$ , and summer heat  $77^{\circ}$ . At Columbia, S. C., 4 degrees south, the mean annual heat is  $57^{\circ}$ , and the average heat of the three summer months  $78^{\circ}$ . This, however, is collected from only one table for the year 1851, by A. Fitch. At New Orleans, Mobile and St. Augustine, 4 degrees further south, the mean annual temperature is probably  $60^{\circ}$ , and summer heat  $80^{\circ}$ . Summer heat, by the midday observations at Columbia, for 1851, was  $85^{\circ}$ .

A thermometer should be an exponent of the most important facts in relation to heat and cold. The mean temperature of our summer is  $68^{\circ}$ . Under this temperature all our vegetables grow, and by it the health and longevity of our population is, in a measure, graduated. It is an important fact to be known by people in other parts of the world, as well as by ourselves. The mean annual heat of the latitude of the place where we live, is another important fact. This temperature, whatever it is, is the invariable temperature of the earth at the depth of 40 feet below the surface. The earth and the water, 40 feet below the surface, are in this latitude  $48^{\circ}$ . In Virginia,  $52^{\circ}$  or a little more. In South Carolina, at Columbia,  $57^{\circ}$ . In New Orleans, probably  $60^{\circ}$  or more. The temperature of spring water, in Boston and Providence, in summer and winter, will be  $48^{\circ}$  nearly. In Virginia,  $52^{\circ}$ . In South Carolina,  $57^{\circ}$ . In Louisiana and Florida,  $60^{\circ}$  or  $61^{\circ}$ . In the southern States, spring water is comparatively a warm beverage.

No point can be of more importance than that particular temperature of the air, in which the human body neither gains nor loses heat; in which it is carried off as fast as it is generated and no faster. If the temperature of the air is but one degree below blood heat, the body parts with heat, but not so fast as it is generated. Nor does this take place until the air is cooled down to  $36^{\circ}$  below the heat of the blood. If the air is above blood heat, the heat of the body is carried off entirely by perspiration. The heat becomes latent, as in steam, by the insensible vapor evolved. Perhaps, in many parts of the earth, habit may render a heat of  $97^{\circ}$  (one degree lower than that of the blood) not only tolerable but comfortable, and attended with a sensation of coolness. The sensation of coolness, however, in our climate, does not begin until the temperature of the air has reached  $62^{\circ}$  Fah. The air then becomes *congenial*. The heat of the body is removed as fast as it is generated, and the sensation of a comfortable degree of coolness commences.

*Congenial heat* is  $36^{\circ}$  below blood heat, or  $62^{\circ}$  Fah. It is the average daily heat of our month of September, and of the last ten days of

May and the first twenty of June. It is the mild morning heat of the month of June. It must be understood that this point is applicable to the atmosphere in an ordinary state of dryness, or to the prevailing state of the air. In damp, easterly weather, even this temperature may often be too chilly. But in the prevailing state of the air, when the thermometer stands at 62° Fahr., a person breathes free and easy, and can work, or play, or sit still, with perfect comfort. Both the temperature of the last of May and the first of June, and of September, are known by all medical men to be favorable to health and the cure of diseases. The vital powers are neither wasted in the production of heat to counteract cold, nor in its evolution by perspiration. And, perhaps, in nothing is the health of the body more concerned than in the generation and evolution of heat. In the month of September, and in the last third of May and the first two thirds of June, all diseases have a tendency to heal, and all pestilences to cease. The diseases of summer begin to abate in the congenial temperature of September, and those of winter are cured or ameliorated by the corresponding temperature of the last of May and the first of June. Could such a temperature be made continual, how much it would conduce to health and longevity! Now, it can only be obtained by frequent migration. In the months just named, this temperature is found in the latitude of Providence and Boston. In July and August, congenial heat would probably be found in Newfoundland; in Virginia, in October and April; in South Carolina, Georgia, and Louisiana, in the months of November and March; in Cuba, in December, January and February; and in Philadelphia, in May. A more congenial temperature than has hitherto been discovered may yet be found in some of the steppes of the South American mountains, fanned by the breezes of the bland Pacific and sheltered from the east by lofty ridges.

The United States thermometer will be adapted to the latitude of Providence and Boston; to that of Richmond, Va.; Columbia, S. C.; and to New Orleans, Mobile, and St. Augustine. The summer and annual heat points will be different upon each of these latitudes. But to complete the instrument in this respect, the writer finds it necessary to obtain well-authenticated meteorological tables for as many as three different places at the south of us—viz., Richmond, Va.; Columbia, S. C.; and New Orleans, La., or St. Augustine, Fla. S. B. D.

*Providence. R. I., Nov. 5, 1853.*

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#### THE PROFESSION AND THEIR LABORS IN HANCOCK CO., ILL.

*To the Editor of the Boston Medical and Surgical Journal.*

Sir,—I observed, in an editorial notice of the Lasalle County Medical Society, made in the *Journal* some time since, that you expressed a desire to know something further about the profession in that “far-off region”; and as this is still *farther* off, I give you a few items about the profession and diseases, in “old Hancock.”

In this County, with a population of about 17,000, there are thirty.

three regular physicians, and several others claiming the patronage of the public, as botanics, eclectics, and homœopathists. There is a very large quantity of patent medicines used by the credulous portion of the inhabitants, making not much over one half of the business fall into the hands of the regularly-educated physician. The county, as compared with other parts of the State, is but thinly settled; and the practice is exceedingly laborious. When, however, the uncultivated prairies are converted into "teeming fields," the business will be less arduous and more profitable.

One year ago, a few members of the profession formed the Hancock Medical Association, the regular meetings of which are quarterly. Not one half of the physicians in the county are yet members, but enough have united to give interest and profit to the meetings.

A majority of the physicians in the county are young men. There are a few veterans in the field, who lend honor and dignity to the profession.

The most prevalent diseases are remittent and intermittent fevers, dysentery, pneumonia and bronchitis. During the past summer there have been an unusually large number of cases of the above forms of fever, and more dysentery than usual. The opportunities for observing these fevers, their causes, and the best method of treating them, have been ample. The fevers have been mild, without much local complication, and consequently easily subdued by the anti-periodic influence of quinine. The dysentery has been more severe than in ordinary seasons. Many *plans* of treatment for it, have been used by the different practitioners. Which course of treatment has been most successful, I am unable to say. The "morphine treatment," recommended by Dr. Tallis, of Ohio, assisted by mucilaginous enemata, and occasionally blistering the abdomen, is the one used by myself, and its success has not caused me to regret adopting it.

The prairie land in the county is not much settled, most of the settlements being along the creeks and the Mississippi River; but so far as the prairie land is occupied, as many cases of the fevers have occurred as along the creeks and river. This fact, with many others, will be hard to explain for those who contend for the miasmatic origin of the intermittent and remittent. But this—the causation of these fevers—is a fruitful theme, and this sketch will not permit me to say much in regard to it. At some future time, I may try to account for these fevers without calling in the aid of a specific poison—malaria.

GEO. W. HALL.

*Carthage, Hancock Co., Ill., Oct. 26th, 1853.*

#### IODINE IN PHARYNGITIS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—As few northern journals have noticed my publications on the use of iodine in throat disease, I am induced to ask the favor of a small space in yours, which I understand has an extensive circulation, for the purpose of inviting the attention of physicians in the northern States to

the virtues of this remedy. The success which I have met with in the treatment of this troublesome and dangerous disease, by the local application of iodine, seems to justify further efforts to extend its usefulness. The following formula is of proper strength for most cases, but occasionally it causes a soreness which gives pain in yawning, or other action putting the parts on a stretch, in which case it may be reduced by the addition of water, or simple syrup, until it ceases to produce pain:—R. Iodide of potass., ʒj.; iodine, ʒss.; water distilled, ʒj.; sugar and gum Arabic, aa ʒij. M.

This is applied to the throat with a camel's hair brush, as often as the patient feels a tickling sensation and a desire to cough, which it promptly relieves. Generally it is sufficient to apply the brush to the back part of the throat, and the solution becomes diffused by the act of swallowing; but when the disease has extended to the glottis, or penetrated the larynx, it should be applied to the root of the tongue also.

The affection of the ear which nearly always attends this disease, is relieved by the simultaneous use of a weaker solution of iodine, with glycerine, as follows:—R. Iodide of potass., gr. vj.; iodine, gr. iij.; Water distilled, ʒj.; glycerine, ʒij. M.

A few drops of this may be put into the ear once or twice a-day, or a little cotton may be introduced and worn in the ear after having been moistened with this solution. Frequently a stronger solution can be borne, but it is generally advisable to begin with the weaker, lest some pain and smarting be caused by it.

In your climate, where this throat disease is more common than in this, and more likely to lead to a fatal issue, this remedy must become proportionably more extensively useful; and when its virtues come to be generally understood, it will probably supersede all other local applications.

*Memphis, Tenn., Oct. 25, 1853.*

A. P. MERRILL, M.D.

## HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

AMONG the various systems of medicine now prevalent in the community, none seems so utterly absurd or so supremely ridiculous as that termed "homœopathy." All other systems (if systems they may be called) I believe are capable of sometimes producing marked and salutary effects upon the person who submits himself to their use. No one who has been so fortunate as to have emerged from the "steam box" alive, or who has had his gastric apparatus kept in a constant commotion for nine days in succession by the continued use of lobelia, will deny but that there is power in "Thomsonism." And I presume those who have been duped into the belief that cold water is a universal catholicon, and have submitted themselves to be soaked in it from morning till night and from night till morning, would be quite as unwilling to admit that "hydropathy" was inert and powerless. Indeed, it cannot be denied, either by those who have experienced or those who have witnessed their effects, that the two forms of quackery in question are not only powerful, but that they

are *dangerously* powerful. While the continued and indiscriminate use of lobelia, by its stimulating and powerful narcotic properties, is sure to break down and destroy the healthy functions of the mucous surface, rendering it entirely insensible to its natural stimulus—the continued application of cold water to the surface of the body is equally sure to paralyze and prostrate those delicate and very essential excreting organs with which the surface is studded. There can be no doubt that *many* lives have been sacrificed upon the shrine of Thomsonism; and there is as little doubt that its counterpart is to be found alone in hydropathy.

But what has been said of Thomsonism and hydropathy cannot be said of homœopathy. That stands alone in all its majestic absurdity. The command—"Thou shalt not kill," applies not to *it*; but there is another command, which says "Thou shalt not covet," that is as applicable to homœopathy as to other forms of quackery. That it is *entirely* inert and powerless, needs no argument to prove—that those who embrace and practise it are men who have more interest in the pecuniary profits of their trade, than in the welfare of their patients, or the promotion of science, needs still less. I presume that its most zealous advocates would not contend that fatal results would follow the use of their medicines (?) even in very large quantities, though they would argue that infinitesimal doses of the same would produce wonderful cures! And it requires a more credulous mind than mine to believe that any intelligent and honest-minded man can so stretch his imagination as to have any confidence in the medicinal effects of the homœopathic globules which he administers. It seems strange that with all the demonstrative evidences of the purely inert and harmless properties of those medicines (?) which have been held up to public gaze, there are yet those whom we regard as men of strong minds and sound intelligence, who give their countenance and influence to this degraded and degrading system of quackery.

It is presumed that the legitimate profession of medicine will *never* witness the entire expulsion of quackery from the world; and to determine how long homœopathy will be able to gloat upon the credulity and superstition of the people, is beyond the power of man.

*Lewiston Falls, Me., Nov., 1853.*

P. DYER, M.D.

#### ADJUSTMENT OF THE EYE TO DISTANCES—INEFFICIENCY OF MECHANICAL CONTRIVANCES TO RESTORE DEFECTIVE VISION.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The intrusion upon the notice of the profession, of an apparatus recently devised for elongating the axis of vision, by the restoration of the convexity of the cornea, induces me to offer, through the medium of your excellent Journal, the subjoined observations upon the physiology of the adjustment of the eye to distances, as well as upon the inutility of mechanical instruments towards the removal of this defective condition of the visual organs. As long as mechanism is cultivated as a science, and applied with effect to the exigences of our physical desires, we appreciate the inventive genius that gives conception to a scientific idea; but how-

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MRS. WILLARD'S REPLY TO DR. HUNT.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Late on Saturday evening last, I received the Medical Journal of the 2d inst., and read, with no “feelings of thankfulness,” its first article, entitled “Dr. Cartwright, Mrs. Willard, Western Editors and the ‘Battle of the Evidences.’” Immediately I made this jotting towards an answer. Solomon, who certainly said some very good things, whether Moses did or not, had a phrase, which as scripture is not at all times agreeable to all people, we will not quote ; but merely hint that we propose being guided by its advice in endeavoring to answer Dr. Hunt according to the quality of mind which he manifests, in his laughing satire on a subject as serious as life and death.

But with the religious services of Sunday and the literary occupations of Monday, came some different views as to the best manner of replying to Dr. Hunt's article. It happened on Monday that I had to revise the last chapter of a work on Astronomical Geography, which is now completed, and is to go immediately to press. By a strange coincidence the subject of a part of the chapter under revision was to describe how respiration, considered in all its parts, shows the adaptation of man to the air, the earth and the sun ; and thus subserving the ends of natural theology. This part I extract, and now offer for the Medical Journal. If the junior editor of the Buffalo Medical Journal should find in it any lack of long and learned words, I must beg him to pass to my account Dr. Cartwright's works of supererogation in this particular.

A large edifice, complicated in its structure, will not make its proper impression if always looked upon at a close view, part by part, consecutively ; but if the view is from such a distance and at such an elevation that the whole strikes the eye at once, then the just symmetry of its proportions will be acknowledged. We wish thus to exhibit the great subject of respiration as a whole. Who knows but even Dr. Hunt may become convinced ? For all must see that with circulation considered as the product of respiration, the wisdom and goodness of God and the harmony of his operations stand vindicated ; while without this, respiration is like a seeming grand entrance to a palace with column, ornament and entablature, yet yawning high without ascending steps by

which it may be reached ; a worse than useless appendage, troublesome to the occupant, and dishonorable to the builder. EMMA WILLARD.

*The Being, the Unity and the Attributes of God, manifested by Man's Adaptation to the Air, the Earth and the Sun—shown by the Phenomena of Respiration. Extracted from the conclusion of an unpublished Work on Astronomical Geography, by Mrs. Emma Willard.*

There is in our day a fashionable kind of Atheism, which professes to find a Divinity in Nature. But what is Nature? a mere word expressing effects. It does not imply an intelligent, designing Cause. But *one great, first Cause* of all things there must be, planning with infinite benevolence to bring forth the greatest good ; devising with infinite wisdom the best means, and executing them with infinite power. The *adaptation* of all things one to another, no less than their creation, proves the Existence, the Unity and the Attributes of God. Let us take a single example, Man ; and let us observe how he is suited to other things and they to him. When he is first ushered into the world, there is the dormant spark of life residing in his lungs. But it must, at the instant, and during every instant of his life, be re-kindled and re-vivified by an external substance constantly brought into contact with it. Is this external substance made and at hand ? And has the infant been provided with a proper physical organization to draw it inward to the lungs ? All has been well done. The substance, without which he immediately dies, is the atmosphere which surrounds the globe, and which from its pressure, in all directions, must ever envelope him. By his physical organization he is not only enabled, but *compelled* to receive air into his lungs, and to retain it until it has imparted the needful oxygen, and then to expel the hurtful residuum. Man's bony frame, his muscles and his nerves, are all arranged with the special object of producing this effect. His ribs are so articulated to his spine as to rise—the muscles being made to conspire—giving breadth to the chest, and thus producing a vacuum, which irresistibly draws in the air ; and then the same ribs fall, narrowing the chest and forcing out the unwholesome carbonic gas which remains after the oxygen of the inspired air has been imparted to the carbon of the blood. And thus is the fire of life, every moment while life lasts, re-kindled and re-vivified at the lungs ; and thus is shown the adaptation of man to the air and the air to man.

There is another portion of this vital process of breathing—man's first and last act—by which is equally shown that he is designedly adapted to the earth, and the earth to him. In the animal combustion, which, as we have seen, *must* be constantly kept up by respiration, *there must be CARBON to be burned as well as oxygen in which to burn it.* And whence comes this carbon—fuel ? From the earth. To furnish it was the special object for which the vegetable world was created. Plants are either man's immediate aliment, or they are that of the animals on which he feeds. And water to dilute his food and to furnish the substratum of the blood, which must be formed before it can be taken to the lungs by the pipes prepared to convey it—water is no less necessary to man than food, and liberally is the earth prepared to furnish it. Next

to the air, it is the purest and most abundant thing on the surface of the globe. And is man's physical system so made that he can receive and reduce to its proper state for breathing, this necessary but unprepared carbon? Expressly is the physical man formed for eating, drinking and digesting. Then as you observe his mouth, his teeth, his stomach, and other organs of digestion, and at the same time look abroad upon the waving bread-fields of the earth, devoutly say that man was formed for them, as they for him, by the same Infinite Intelligence.

Man's designed adaptedness to the things around him is as clearly shown by his *instincts* as by his physical frame. Had it been left to his discretion and judgment, whether he would choose to breathe or not, in vain might God have made the lungs and the air. But to make sure of his purpose, he has added the *irresistible instinct of respiration*, which compels man to breathe, so that he cannot, if he would, shut that door of his life. He is obliged to take water by the *instinct of thirst*, and food by that of *hunger*. And the benevolence of the Deity has added the instincts of pleasure by which man is invited to take his necessary aliment, to those of pain by which he is compelled. And equally are the wisdom and goodness of God manifested by the instinct of warmth. By this we mean the pleasure and comfort felt in warmth, and the pain experienced in coldness. But breathing cannot be an ultimate end. Man does not live to breathe, he breathes to live. The great function of life to which breathing is especially subservient, is the circulation of the blood. By this, sustenance is carried to every part of the body, to supply the waste or increase the growth. If circulation fails, death ensues. But it must fail, unless there is kept up a *due balance* between that interior heat which is caused by animal combustion at the lungs, and that exterior coldness which is caused by the conducting of the heat from the surface of the body by the atmosphere. A due balance is indicated by a medium temperature of about 98° Fahrenheit; which must be preserved by all races of men in all climates of the earth. This delicate process must be rightly adjusted, or circulation stops and man dies. But how is this balance to be preserved? Has man within him a hidden thermometer by which it is adjusted? God has given him one which will never deceive him. It is his instinctive genial pleasure in a just degree of warmth, and a sense of discomfort in coldness as soon as it becomes hurtful, and of intolerable pain when it is destructive. It is by this instinct of warmth that man is both invited and compelled to clothe himself; and the more heavily as his climate grows the more cold; threatening otherwise to carry off the heat of his body so as to destroy the necessary balance. For the same reason, he is obliged to build houses for himself and his children. But fear not. He who is the author of man's necessities provides for their supply. See, for his clothing, the flax, the cotton, the wool and the fur—and behold for his dwelling the trees of the forest, the iron of the mine, and the stones of the quarry.

But clothe and shelter himself as he may, man, in very high latitudes, breathes a condensed air, containing much oxygen; and sharp cold comes to him externally. But here his instincts lead him to seek such

aliment, as the inhabitant of the equator would loathe ; and hence he feeds on oily matters yielding to the blood much carbon, to meet at the lungs the extra quantity of oxygen ; thus keeping up a glowing fire at the centre and balancing the intense cold without—and thus keeping up the medium normal temperature.

Thus we see, that, not only has the Deity wrought a general adaptation between man and the things around him, but, as if to manifest that he works by no necessity, but by an intelligent choice, he makes *special adaptations*, by which he varies his general plans to suit particular circumstances. Thus, while the dweller of the frigid zone has an appetite for tallow, the inhabitant of the torrid desires nothing but the cooling fruits which his climate alone produces. These afford all the carbon needed to meet the small quantity of oxygen afforded to the lungs by the sun-expanded atmosphere. If the fire of life burns feebly within, there is no intense cold without, nay, there is too little external coolness for the healthy circulation ; and by more copious perspiration, which takes heat from the surface of the body to convert it into vapor, the Almighty makes another special provision to keep up, in warm climates, the due healthful balance.

The exterior organs of respiration are also varied, in the different races, to receive a greater or less bulk of air according to its expansion by heat or condensation by cold, in the different regions which they are formed to inhabit. The white race, made for the temperate zones, inspiring through slender noses bending down, needs but a small bulk of air, compared with the negro, who spreads the broad unobstructed nostril to the heat-attenuated breeze, while he is furnished with a skin, by its color slow to imbibe heat, and by its texture exuding the water of the blood, and thus furnishing the material to keep up a constant coolness on the surface of the body by evaporation.

Thus man in every breath which he draws shows that his Maker has adapted him to the earth and the air ; and that they are made expressly for him. And science carries us farther. It shows us that man was made for the sun, and the sun for him. It is by means of the sun that the earth brings forth his food, that liquid water flows, and that the atmosphere is sufficiently warmed and expanded for man's respiration. But man has an organ which unmistakably connects him with the sun. It is the *eye* ; which is the gem of the animal creation. It was made for light, and light emanating from the sun was made for the eye.

And with this more delicate organ our indulgent Father has connected higher and finer instincts ; the *sense of beauty* and the *love of knowledge*. And how gloriously has he wrought to supply these desires, and to make them the means of virtue and enjoyment to his sentient and rational children ! How beautiful and how sublime has he made the forms of external things ! And he has connected man with the starry heavens, as well as with the sun, by his desire to know them and his perception of their beauty. And when he shall become wearied amidst the glare of day, the earth shall turn upon her axis, and bring him, with the starry night, repose in sleep ; sleep, that emblem of death, from which he shall in the morning have a resurrection to renewed existence.

And can we look at these facts and not believe in ONE DESIGNING, WISE AND BENEVOLENT GOD? And shall we call it philosophy to stand and doubt? And must we be called credulous who believe? As well call him credulous, who seeing an infant wrapped and asleep in his cradle, believes that the child has an intelligent mother, who has done for him what he was not able to do for himself; and as well may we call that logic and philosophy, which not having seen the mother, denies that there is one, and laughs at the idea that the cradle was designed expressly for the babe.

*Troy, N. Y., Nov. 8th, 1853.*

# EXTRACTION OF CATARACT, THE PATIENT BEING UNDER THE INFLUENCE OF ETHER.

SUBSEQUENT PRESENCE AND ABSORPTION OF AIR IN THE ANTERIOR CHAMBER.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I beg leave to offer the following report of an operation for the extraction of cataract, as presenting two interesting points: first, as showing that ether may be employed, without prejudice to the result of the operation, in a patient of advanced age; and secondly, as proving that air may exist in the anterior chamber, and be removed by absorption, without causing the destructive effects which have been attributed to its presence in this situation by some of the authorities on diseases of the eye.

Respectfully yours,

33 Essex st., Nov. 13th, 1853.

H. W. WILLIAMS.

Mr. E., æt. 79, had undergone an operation on the right eye some three years since. He saw objects at the moment the lens was displaced by the needle, but inflammation ensued, probably on account of some imprudence on his part, and the pupil became closed. When I saw him, in September last, the left eye exhibited a fully-developed, hard, lenticular cataract, and as I deemed the chances of success by the operation of extraction greater, in his case, than by any other method, it was executed on the 25th of September. The timidity of the patient was so great that he started upon the least touch, and it would have been nearly impossible to operate successfully without rendering him insensible by ether. As the patient could no longer control the direction of his eyeball, the tendency of the globe to roll upwards was counteracted by seizing with the forceps a fold of conjunctiva, by which means the eye was held steadily in the proper position by one of the gentlemen assisting at the operation. The incision of the upper half of the cornea was accurately made and very carefully terminated. A moment after its completion the lens escaped from the wound, the capsule having ruptured without incision; and was followed by a portion of the vitreous humor, perhaps a sixth of its entire mass. As the upper lid was relinquished by my assistant, it became engaged beneath the flap of the cornea, and this was completely everted; but it was re-placed in its proper position without further loss of vitreous humor. As the patient be-

gan to recover from the effects of the ether, I preferred to close his eyes at once with strips of court plaster rather than attempt another examination of the eye.

The operation was performed at 3 o'clock, P.M. At 8, P.M., I found he had got out of bed to relieve his bladder, and he was guilty of the same imprudence the next day, in defiance of my injunctions.

On the 29th, as he had had no pain, and external appearances were favorable, I removed the adhesive straps. The wound of cornea had completely united, the cornea was perfectly transparent and the pupil clear. In the anterior chamber was a large bubble of air, more than an eighth of an inch in diameter, which changed its place with the position of the patient. Two days after, the bubble of air had become smaller, and had changed its situation to the posterior chamber; on the third day, it disappeared.

His progress was retarded by frequent exposures to changes of temperature, from which he took cold; but his recovery was perfect, so that six weeks from the day of the operation he was able, by the aid of a cataract glass, to read a bible of very fine type, and a very imperfectly-printed newspaper. From the first, he has not suffered an instant of pain.

#### REMEDY IN CASES OF CHOKING.

[Communicated for the Boston Medical and Surgical Journal.]

**"CHOKED TO DEATH.**—Mr. Nathan Wilbur, of Little Compton, while dining at a restaurant at Fall River, got some substance into his throat, and died while a physician was gone for instruments with which to relieve him."

The above paragraph in a paper to-day, recalls to mind a case of choking which occurred in 1829, in the practice of Dr. J. French, of Bath, N. H.

A stranger, intoxicated, dining at a public house, attempted to swallow an extra-sized mouthful of beefsteak without sufficient mastication. Death was impending, and no time to be lost. The doctor ordered some butter melted, and poured a tablespoonful down the patient's throat, which caused the immediate ejection of the beef.

This remedy, though it may not be in the books, is a very common-sense one, and I commend it to the memory of your numerous readers. If an instrument is required, a forefinger will be found very *handy*.

November 11, 1853.

E. B.

#### "PROFESSIONAL CHARACTER."

[Communicated for the Boston Medical and Surgical Journal.]

THE rapid increase of empiricism has called forth so many mournful complaints from over-sensitive members of the profession, that the ear is pained and the eye wearied by their frequent repetition. And why is it,

that they are thus annoyed? Is it for any tender solicitude they may have for this profession, the dignity of which is becoming lessened, and whose glory pales before so much error and charlatanism? Or, forgetful that medical science and quackery have always been coeval, do they fear the stability of an institution of such long existence? The origin of their anxiety can be traced to a much less elevated source than either of these reasons, viz., they have failed to attain *success*. Their medical abilities are not accepted by the public at the high rates which their self-esteem leads them to impose; they are not possessed of that influence in the community to which they think themselves entitled; their counsel is often passed over, and preference given to that of others whom they feel disposed to treat with contumely and neglect. In short, they want *practice*. And oftentimes these results can be traced to their own inefficiency in the calling they have adopted. Deficient in that preparatory ground-work, which gives confidence to the tone and inspires it in others, they are indebted to the pestle and the mortar for their therapeutical knowledge, while a familiarity with cupping or venesection sufficiently evinces their skill in the department of surgery: for all other qualifications demanded, they complacently refer you to the framed diplomas which ornate the walls of their *study*.

Intelligence, intellectual acquirements, will be acknowledged and respected, wherever they exist; and although error, with its reckless promises of success, may allure for a time, yet its nature is soon discerned and its power to mislead soon vanishes. An enlightened physician, who to strong sense and an innate keenness of observation unites a thorough knowledge of his profession, will *command* practice; his reputation bases itself upon a more secure foundation than popular whim or prejudice, and is not to be affected by the breath of every adverse rumor.

But I would ask gentlemen, if, in their occasional philippics against quackery, they entertain the hope that their efforts will result in its suppression? You cannot suppress it. Quackery has always existed; it is the attendant parasite and base imitator of every science; and opposition is what it courts and feeds upon. It thrives no more now than it did when Hippocrates stripped medicine of its delusions and established it on an imperishable basis nearly five centuries before the Christian era; and *his* disciples were probably as much chafed by its presence as some of us at the present day. The origin and growth of the practice of medicine and quackery were contemporaneous; an internecine war has always existed, and still both live: and as its past history shows us that empiricism cannot be annihilated, that persecution but waters the soil in which it is imbedded, it seems the part of wisdom not to harass by aggressions, but rather to treat it with contempt. Its existence should stimulate the regular practitioner to discountenance it, not so much by any display of malice or ill-natured censure, as by keeping *himself* entirely free from its polluting influence; by endeavoring to disseminate correct views of whatever appertains to his profession, and by sedulously avoiding in *himself* all that savors of the evil he so much deprecates.

It would be a serious charge, to assert that there is as much charlatanism within the medical ranks as elsewhere; but is there not, in such

an accusation, more truth than we are willing to acknowledge? What one of us but can point out some one guilty of much that we can denominate by no other name than quackery? Do we not know of those whose main ground of reliance is the ignorance of the community of the art they profess; an ignorance which they would do nothing to diminish, but jesuitically endeavor to confirm; who are continually thrusting their drugs and their numerous cases upon you, and who sedulously avoid "*sinking the shop*" for fear that on any other subject they may expose their shallowness; whose patients (and their names are *legion*) are always "very dangerously sick," the prospect of recovery *very* limited, and whom all the medical skill, which *they* are possessed of, may not avail. If recovery ensues, as in the majority of cases it will, they call upon all to sing loud pæans in their praise; and should a less fortunate termination happen, it is because "they should have been summoned sooner," "the moment for effective action had passed," &c. Is not all this despicable manœuvring as familiar to us as household words?

The furious driving after some imaginary patient; the frequent and exhausting encroachments of a press of business upon the hours of rest; the corrugated brow, expressive of the intense mental labor going on within; the huge tome of learning, left in the carriage, as it waits at the door, or carried beneath the arm to denote the studious inclinations of the owner: by what name shall we characterize such courses? Shall those who adopt them be screened from the hearty contempt which every high-minded practitioner must feel towards them, because their money rather than their merits has procured them a diploma? Will a mere title, bought at every College in the Union, render them less deserving of the epithet that is so frequently applied by them to others?

But such miserable trickery, equally unworthy of the gentleman and the practitioner, is venial and harmless in comparison with the expedient resorted to by some, of assuming the outward garb of devotion, and either frequenting every church within their reach under the plea of a great liberality of sentiment, or else concentrating all their piety upon a particular one, that they may, by thus "*stealing the livery of heaven*," make the altar a stepping stone to a more extended practice. Not but that there are many sincere, truly pious physicians; but who is there among us, that is not aware of this execrable resort, and can easily distinguish between the true and humble follower of Christ and the specious hypocrite who thus prostitutes his religion for such unworthy ends! That such practices exist, we know too well; that such means are as threadbare as they are dishonorable to every upright practitioner, is well known; but still every succeeding age witnesses the same pretences, exposed again and again, yet always receiving the same amount of encouragement.

In conclusion, let me quote the words of one, whom we all delight to honor, and whose counsel is particularly applicable to all those who fear the permanency of our institution. "If we are faithful to the true character of our profession; if we go forward with honesty and fidelity in the path of our predecessors, governed by the same desire of knowledge and of usefulness, we need not fear but that the present move-

ment of opinion will be transient, and that our position will become more durable than before."

B. WHITWELL.

Hanover, Mass., Nov. 12th, 1853.

OPIUM AND ALCOHOL—THEIR COMPARATIVE EFFECTS ON THE SYSTEM, DESCRIBED BY ONE WHO EXPERIENCED THEM IN HIS OWN CASE.

[The writer of the following article, who describes so graphically the effects of both opium and alcohol in his own case, was received into the New York Hospital in 1849, suffering from a slight attack of dysentery. It was soon noticed that unusual symptoms complicated his case. On inquiry, he was found to be an opium-eater; and after his recovery, and during the period when he was allowed to remain in the house to enable him to recover, somewhat at least, from the pernicious effects of the habit which he had contracted, he furnished the Editor (then on duty there), by his request, with a history of his case, which is thought of sufficient interest to entitle it to publication. It has been somewhat abridged; but the language is, with but trifling exceptions, that of the writer himself.—*Editor N. Y. Medical Times.*]

THE difference between opium and alcohol in their effects on body and mind, is (judging from my own experience) very great. Alcohol, pushed to a certain extent, overthrows the balance of the faculties, and brings out some one or more into undue prominence and activity; and (sad indeed) *these* are most commonly our *inferior*, and perhaps *lowest* faculties. A man who, *sober*, is a demi-god, is, when drunk, below even a beast. With opium (*me judice*) it is the reverse. Opium takes a man's mind *where it finds it*, and lifts it *en masse* on to a far higher platform of existence, the faculties all retaining their former relative positions—that is, taking the mind as it is, it intensifies and exalts all its capacities of thought and susceptibilities of emotion; not even this, however, extravagant as it may sound, conveys the whole truth. Opium weakens or utterly paralyzes the lower propensities, while it invigorates and elevates the superior faculties, both intellectual and affectional. The opium-eater is without sexual appetite; anger, envy, malice, and the entire hell-brood claiming kin to these, seem dead within him, or at least asleep; while gentleness, kindness, benevolence, together with a sort of sentimental religionism, constitute his habitual frame of mind. If a man has a poetical gift, opium almost irresistibly stirs it into utterance. If his vocation be to write, it matters not how profound, how difficult, how knotty the theme to be handled, opium imparts a *before unknown* power of dealing with such a theme; and after completing his task, a man reads his own composition with utter amazement at its depth, its grasp, its beauty, and force of expression, and wonders *whence came* the thoughts that stand on the page before him. If called to speak in public, opium gives him a copiousness of thought, a fluency of utterance, a fruitfulness of illustration, and a penetrating, thrilling eloquence, which often astounds and over-masters himself, not less than it kindles, melts and sways the audience he addresses. I might dilate largely on this topic, but space and strength are alike lacking.

Let no one, however, fancy from these remarks that the opium-eater is *blessed*. There is another side of the picture, dark, gloomy, and fraught with doom, to which I will allude by-and-bye.

How became I an opium-eater? A lengthened train of causes (as I judge) led to this result. I can but just touch on a few of them.

*Exhausted nervous energy* was the *fountain-head*. But whence this exhaustion?

1st. The accursed habit of nervous abuse, which *little* innocent school boys are taught by their depraved elders in school, and which, with no thought of its physical and moral harmfulness, is usually continued till unfolding reason and conscience open the victim's eyes to the real nature of his habit. It is usually, however, long enough protracted to have wrought no slight degree of nervous exhaustion.

2d. Tobacco chewing. In my sophomore year at Cambridge (being then 16 years old), a pipe-smoking grandam gave me a piece of tobacco to put in my mouth for a raging toothache. It quelled the pain, and from that moment I chewed nine or ten years without cessation. I chewed, too, immoderately, and spat incessantly, throwing out saliva in quantities perfectly suicidal.

Close application to study, with neglect of the rules of health, during my collegiate life, and during three subsequent years while pursuing my studies at a theological school, where I pursued the same tobacco-chewing, unexercising life as at college, and still later, when settled as a clergyman, brought on a severe attack of dyspepsia, attended with great languor of body and depression of mind, especially during the warm weather.

In consequence of these feelings, I occasionally took a glass of wine, or brandy and water, to supply the lacking *physical* basis for mental action. Thus passed three and a half years; and by this time some portion of alcoholic stimulus had become almost a daily necessity, in order that the mind might execute its appointed tasks. If I omitted such stimulation, not only did I suffer languor and pain of body, but my thinking powers were inert and impotent. But I found, after a time, that alcohol was perilous to me, since I could not always calculate on its effects, so as to avoid being partially mastered by it. I abandoned alcohol, and substituted laudanum in its place. I cannot recall the precise quantity I at first used, though I think it was some twenty drops, taken two or three times a-day, or often enough to keep up the same level of sensation. The first feeling on swallowing the laudanum was a compound of pleasure and pain. The *pleasure* consisted in an agreeable warmth pervading the system, and a pleasant, gentle thrill passing along the nerves. The *pain* was a sort of *constriction*, or corrugation, by which the stomach seemed to be *drawn together* or *strongly compressed*, while a similar sensation ran along the nervous threads. However, both these species of sensations were of short duration, and then there remained only a painless, comfortable state of body, together with a clear, calm mood of mind, especially apt for all required mental tasks. When a propensity to gape and a sensation of languor indicated the *expenditure* of the stimulus, the dose was renewed; and so the days went by. After a considerable time, I substituted the opium pill for the laudanum. I think the pill, while producing all the *desirable* effects of the laudanum, produced less of the *pinching*, *unpleasant* sensation above mention-

ed, than did the laudanum. In other respects, there is little difference in their actions. I cannot tell precisely how long I was in reaching half an ounce per week, but that point I did finally attain. And at that point I for the most part remained during the three years I used opium in this vicinity. But I became greatly disordered in body, not *merely* through the opium, but also through the baneful habits connected therewith. I took no exercise; I sat at my books and papers, day after day, from breakfast time till 12 and 2 o'clock at night, in a hot study filled with smoke from a cigar kept perpetually alight. I took a *hot bath once a fortnight*, instead of a *cold bath every morning*; in a word, *all* my habits (as I have since learned to understand) were the worst in the world for corporeal health. I suffered martyrdom from *costiveness*, often going a week, or nearly that, without a passage. Sometimes, too, I got into a physical state which opium *would not* stimulate, and then I was compelled to employ alcohol. But alcohol acting on opium-drugged nerves, is exceeding apt to produce maniacal intoxication.

After some ineffectual attempts, I determined to achieve freedom, were it possible, be the cost or the consequences what they might. I cast everything aside, and laid down upon my rack. And a rack it indeed was! For ten days and nights I had not, to my knowledge, one instant of sleep or suspended consciousness. I was, for several days, half delirious; the blood in my veins felt like boiling water, and it rushed to my head in torrents, which seemed, every moment, as if they *must* burst asunder its bony enclosure. In a word, I believe that I was in a raging brain fever. In four weeks I was out, but I was shattered to pieces; and for a whole year I was feeble as a child, and one walking repository of aches and distressing sensations. At the close of that year, I relinquished my profession, went to a brother's in the country in search of health, and at first, simply for occupation, commenced in his office the study of law. For some time I remained weak, and to complete the case, was finally attacked with neuralgia in the face and head. After bearing this as long as seemed possible, I consulted two physicians, and both ordered me *morphine* and quinine. Need I state the result? I was again brought under the power of opium, and the *habit* became fixed firmly as ever! For two years, while remaining there, I made no strenuous attempt to get free again; but using morphine regularly, and feeling well, I gave myself laboriously up to my legal studies. At the end of that period, I came to New York, and went voluntarily into Bloomingdale Asylum for thirteen weeks, for the purpose of gaining my freedom. They were awful weeks; for, although, *per force*, I used no opium during such intervals, and so, *after a sort*, was rescued from the habit, yet I suffered inexpressibly from all kinds of ailments while there, and on leaving was extremely debilitated, and never for an instant free from pains and uneasiness.

I then completed my law studies, and opened a law office, at the same time assuming the editorship of a newspaper of extensive circulation, being put up for Congress, &c. &c. During these thirteen or fourteen months, I was almost entirely a stranger to opium; but I never felt well, free from pain, vigorous with my pristine strength, for one remembered

day. It was with but a portion of my original self that I went through these *preparatory* processes. But when, through a series of events, in which I was rather passive than active, I found myself with the responsibilities of lawyer, justice, editor, and Congressional candidate, lying upon me all at once, at the same time that from being a husband and the father of three fair and noble boys I was, by a sudden stroke, left a *solitary, homeless* being, my debilitated frame and unstrung nerves gave way, and I felt, that, *as I was*, I *could not* sustain the burdens pressing upon me. I resumed morphine again; and by its upholding and calming power, I managed to fulfil my multifarious tasks; all of them passably, and some of them with no small measure of success. So passed about two years, in the latter portion of which time I had reached a quarter-ounce bottle of sulphate of morphine per week.

I was then living with friends who were hydropathists and vegetable livers, and was influenced by them to leave off the use of tobacco, opium, tea, coffee, and meat, all at once, and to submit to the routine of cold-water drenching. At the end of twenty-seven days, I got abroad, freed from opium, exempt from pain, but yet with the debilitated feeling of an invalid rising from a long and prostrating malady, and needing rest, good nursing, and a generous diet (and *only* these) to regain my full original strength; but these I could not command.

The time came at last when I *must* work, be the consequences what they would, and work, too, with my *brain*, my only implement; and that time found my brain *impotent* from a yet uninigorated nervous system. If I *would* work, I *must stimulate*, and morphine, bad as it was, was better than alcohol. I took morphine once more, and lectured on literary topics for some months with triumphant success. While so lecturing in a country town, I was solicited to take a parish in the neighborhood. I did so, and there continued two years and a quarter, performing in that time as much literary labor, as ever in three times the interval in any prior period of my life. In short, I had three happy, intellectually-vigorous, outpouring years, with bodily health uniformly sound and complete, with the exceptions hereafter to be mentioned. And yet, through those years I never used less than a quarter of an ounce of morphine per week, and sometimes more. I attribute my retaining so much health, in spite of the morphine, to the rigorous salubrity of my habits, bodily and mental, in *other respects*. Once, and often twice a-day, the year round, I laved the whole person in cold water with soap; I slept with open window, the year through, excepting *stormy* winter nights; I lay upon a hard bed, guiltless of feathers; I used a simple diet; and, finally, I cherished all *gentle* and *kindly*, while rigidly excluding from my mind all bitter and perturbing feelings. But, not to dilate further on mere *narrative*, let me say that I have continued to use opium, for the most part *habitually*, from my last assumption of it, up to the period of my admission into this Hospital. A year since, however, I dropped morphine, and have since used the opium pill in its stead, sometimes taking an ounce per week, but generally not overpassing a half ounce per week.

And here I may make the general remark, proved true from my own

experience, that, for all the *desirable* effects sought from this species of stimulus, a half ounce of gum opium is about the same as an ounce or any larger quantity of said gum, and nearly the same as a quarter ounce of morphine or more—that is, half an ounce of opium stimulates and braces *me*, at least, *nearly* if not *entirely* as much as I *can* be stimulated and braced by this drug. All that is taken over this, tends rather to clog, to stupify, to nauseate, than to stimulate.

Another point in my own experience is, that in a few weeks only after commencing or re-commencing the use of opium, I always reached the full amount, which, as a *habit*, I *ever* used, that is, either a half ounce of opium or a quarter ounce of morphine ; I never went on increasing the dose in order to get the required amount of stimulation, but at one or the other of these two points I would remain for years successively. A third remark I would make is, that it is only for the first few weeks after commencing the use of opium, that one feels *palpably* and *distinctly* the thrilling of the nerves, the sensation of being stimulated and raised above the *previously existing* physical tone, for which the drug was first taken. All the effects produced *after that* by the opium, are to keep the body *at that level* of sensation in which one feels *positively alive* and *capable to act*, without being impeded or weighed down by physical languor and impotence. Such languor and impotence one feels from abstaining merely a few hours beyond the wonted time of taking the dose. It is not *pleasure*, then, that drives onward the confirmed opium-eater, but a *necessity* scarce less resistible than that Fate to which the pagan mythology subjected gods not less than men.

Let me now, before closing, attempt briefly to describe the effects of opium upon the body and mind of the user, as also the principal sensations accompanying the breaking of the habit.

The opium-eater is prevailingly *disinclined* to, and in some sort *incapacitated* for, bodily exertion or locomotion. A considerable part of the time he feels something like a sense, not very distinctly defined, of bodily fatigue ; and to sit continuously in a rocking or an easy chair, or to recline on a sofa or bed, is his preference above all modes of disposing of himself. To walk up a flight of stairs often palpably tires the legs, and makes him pant almost as much as a well person does after pretty rapid motion. His lungs manifestly are some how *obstructed*, and do not play with perfect freedom. His liver, too, is torpid, or else but partially active ; for if using laudanum or the opium pill, he is constantly more or less costive, the *fæces* being hard and painful to expel ; and if using morphine, though he may have a daily movement, yet the *fæces* are dry and harder than in health. One other morbid physical symptom I remember to have experienced for a considerable time, while using a quarter of an ounce of morphine per week—and this was an annoying palpitation of the heart. I was once told, too, by a keen observer, who knew my habit, that my color was apt to change frequently from red to pale.

These are substantially all the physical peculiarities I experienced during my opium-using years. It is still true, however, that the years

of my using opium (or, in perfect strictness, *morphine*) were as healthy as any, if not the very healthiest, of the years of my life.

But what of the effects of opium-eating on the *mind*? The one great *injury* it works, is (I think) to the *will*, that force whereby a man executes the *work* he was sent here to do, and *breasts and overcomes* the *obstacles and difficulties* he is appointed to encounter, and bears himself unflinchingly amid the tempests of calamity and sorrow which pertain to the mortal lot. Hardihood, manliness, resolution, enterprise, ambition, whatever the original degree of these qualities, become grievously debilitated, if not wholly extinct. Reverie, the perusal of poetry and fiction, become the darling occupation of the opium-user; and he hates every call that summons him from it. *Give* him an intellectual task to accomplish; *place* him in a position where a mental effort is to be made; and, most probably, he will acquit him with unusual brilliancy and power, supposing his native ability to be good. But he *cannot*, or will *not seek and find* for himself such work and such position. He feels helpless, and incompetent to stir about and hold himself upright amid the jostling, competitive throngs that crowd the world's paths, and *there* seek life's prizes by performing life's duties, and executing its requisitions. Solitude, with his books, his dreams and imaginings, and the excited sensibilities that lead to no external action, constitute his chosen world and favorite life. In one word, he is a *species* of maniac; since, I believe, his views, his feelings, and his desires in relation to most things, are peculiar, eccentric, and unlike those of other men, or of himself in a state of soundness. There is, however, as complete a "method in his madness," as in the *sanity* of other men. He is in a *different sphere* from other men, and *in that sphere* he is sane.

The first symptoms attendant on breaking off the habit, coming on some hours after omitting the wonted dose, are a constant propensity to yawn, gape and stretch, together with somewhat of languor, and a general uneasiness. Time passes, and there follows a sensation as if the stomach was drawn together or compressed, as if with a slight degree of cramp, coupled with a total extinction of appetite; the mouth and throat become dry and irritated; and there is an incessant disposition to clear the throat by "hemming" and swallowing; and there is a tickling in the nose which necessitates frequent sneezing, sometimes a dozen, or even twenty times in succession. As the hours go on, shudders run through the frame, with alternate fever heats and icy chills, hot sweats and cold clammy sweats; while a dull, incessant ache pervades the bones, especially at the joints, alternated by an occasional sharp, intolerable pang, like *tic douloureux*. Then follow a host of indescribable sensations, as of burning, tinglings, and twitchings, seeming to run along just beneath the surface of the skin over the whole body; and so strange are these sensations, that one is prompted to scream, and strike the wall, the bed, or himself, to vary them. By this time the liver commences a most energetic action, and a violent diarrhœa sets in. The discharges are not watery or mucous, but, save in *thinness*, not very unlike healthy stools for the most part. Not long, however, after the commencement of the diarrhœa, so copious is the effusion of bile from

the liver, that one will sometimes pass, for a dozen stools in succession, what seems to be merely a *blackish bile*, without a particle of *feces* mingled with it. But this lasts not many days, and is followed by the thin, not altogether unhealthy-looking discharges above mentioned, repeated often an incredible number of times per day. Whether from the quality of these discharges, or from whatever cause, the interior surface of the bowels feels intolerably hot, as though excoriated; and it seems as if boiling water or aquafortis running through the intestines would scarce torture one more than these stools. In fact, all the internal surfaces of the body are in this same burning, raw-feeling state. The brain, too, is in a highly excited, irritable condition; the head sometimes aching and throbbing, as though it *must* burst into fragments, and a humming, washing, simmering noise going on incessantly for days together. Of course, there can be no sleep, and one will go on for ten days and nights consecutively, without one moment's loss of intensest consciousness, so far as he can judge! Strange to say, notwithstanding this excessive irritation of the entire system, one feels so feeble and strengthless, that he can scarce drag one foot after the other; and to walk a few rods, or up a flight of stairs, is so terribly fatiguing, that one must needs sit down and *pant*. (Let it be noted, that these symptoms belong to the case where one is simply deprived at once and wholly of opium, without any medical help, unless the use of cold water be considered such.) These symptoms (unaided by medicine) last, with gradual abatements of virulence, from twenty to thirty days, and then mostly die away. Not well and right, however, does one feel even then. Though, for the most part, free from pain, he is yet physically weak, and all corporeal exertion is a distressing effort. He must needs sleep, too, enormously, going to bed often at sunset in a July day, and sleeping log-like until six or seven next morning, and then sleeping with like soundness two or three hours after dinner. How long it would be before the recovery of his complete original strength and natural physical tone, personal experience does not enable me to say. His condition, both in itself and as relates to others, is, meanwhile, most strange and anomalous. He *looks*, probably, better than ever in his life before. In sufficiently full flesh, with ruddy cheeks, and skin clear as a healthy child's, the beholder would pronounce him in the height of health and vigor, and would glow with indignation at seeing him loitering about day after day, doing little save sleep, in a world where so much work needs to be done. And yet he feels all but impotent for enterprise, or any active physical efforts; for there is scarce enough nervous force in him to move his frame to a lingering walk, and sometimes it seems as if the nervous fibres were actually *pulled out*, and he must move, if at all, by pure *force of volition*.

Most singular, too, the while, is the state of his *mind*. His power of thought is keen, bright, and *fertile* beyond example, and his imagination swarms with pictures of beauty, while his sensitiveness to impressions and emotions of every kind is so excessively keen, that the tears spring to his eyes on the slightest occasion. He is a child in sensibility, while a youth in the *vividness*, and a man in the *grasp*, the

*piercingness*, and the *copiousness* of his thoughts. He cannot *write down* his thoughts, for his arm and hand are *unnerved*; but in conversation or before an audience he can utter himself, as if filled with the breath of inspiration itself.—*New York Medical Times*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 23, 1853.

*Transactions of the American Medical Association*.—The Sixth Volume of this valuable national work has just been issued from the press, and is being forwarded to subscribers. It forms a volume of 870 pages, and is highly creditable to the Association and to the Publishing Committee. The book contains numerous colored lithographic and wood-cut illustrations, and is much more expensive and valuable than the volume of any previous year. Every American physician, who feels an interest in encouraging our national medical literature, or who would avail himself of a work, for its value, the cheapest medical publication of the day, should not fail to add a copy to his library. Though the subscription list is this year considerably increased, the Publishing Committee are still largely in debt. Dr. Francis Minot of Boston, Dr. C. Hooker of New Haven, Dr. A. March of Albany, and Dr. H. W. De Saussure of Charleston, have rendered the Committee effective aid in increasing the circulation of this year's Transactions in their respective States. The actual cost of the volume to the Committee, is \$2.90 per copy. It is furnished to single subscribers for \$5; to Associations, taking twenty-five or more copies, for \$3. Through either of the gentlemen above-named, a copy can be obtained by remitting the minimum price, \$3. We trust that many of our readers will gladly improve the opportunity to procure the work at a price so reasonable.

*Dr. Slade's Ricord*.—A notice, last week, did little more than announce the translation, just completed by Dr. Slade, of Boston, of M. Ricord's letters, the first part of which appeared in this Journal. In its present compact form, the thirty-four letters, which are equivalent to chapters, embody an immense number of curious practical facts in regard to syphilis. No encomiums on M. Ricord, from any source, would enhance his reputation, now that he has established it on the surest of all foundations, by the labor of a lifetime, in the investigation of a disease that maintains its terribleness in all countries and in all climates. The volume possesses distinct claims to the attention of the profession—first, on the score of merit; and secondly, if encouragement is not given to these efforts to put us in communication with the best minds and the best writers of Europe, we shall have no reason for complaint, if, by and by, translators and publishers refuse to cater for the medical market.

*Medical Formulary*.—There have been repeated notices of a small but really valuable work by Benjamin Ellis, M.D., containing a collection of prescriptions, derived from the writings and practice of some of the most eminent medical practitioners in America and Europe. It also contains

notices of dietetic preparations and antidotes for poisons. Finally, in the tenth edition, just from the press of Blanchard & Lea, there is an appendix, treating of the endermic use of medicine, the use of chloroform and ether, with pharmaceutical and medical observations, revised and extended by Robert P. Thomas, M.D. We have not seen a more useful every-day book for a general practitioner. It abounds with prescriptions to meet almost every supposable case. Thus it constitutes a valuable remembrancer. Physicians sometimes come to the conclusion that all their resources are exhausted, simply because they cannot recall all the remedies that are within their reach. This modest, unpretending volume, also, not only suggests medicines, but specifies their doses, singly or compounded with others. There is a clearness in the classification of articles, indicative of the familiarity of the author with his subject. The instructions in regard to poisons, are worth, in an emergency, twice the price of this excellent publication. In Boston, copies may be obtained at Ticknor & Co's.

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*Gymnastic Exercises.*—Messrs. Ticknor & Co., Boston, have lately republished a systematic treatise on gymnastic exercises, which turns out to be the very work of which a notice was given in this Journal in December, 1851, under the head of "Kinesipathy." That notice was founded on a review of the book in the Edinburgh Monthly Journal, and the apparent intention by the translator of founding a new system of medical practice on a prescribed use of gymnastic exercises, was strongly condemned. Simply as a book which may do something in favor of such exercises, it deserves praise, for the profession are well aware of the advantage to be obtained, in the prevention and cure of chronic diseases, from movements regulated according to those natural laws which require of each and every muscle of the body a proper degree of exercise. An old proverb asserts that it is better to wear out than to rust out. It so happens, in our day, that vast numbers rust out. Such are the demands of society in one direction, the caprices of fashion in another, a sluggish, inactive temperament in a third, together with the contingencies that overtake us in the way of accidents and chronic affections, that very many are deprived of the action in the whole machinery of their bodies, necessary to maintain an equal amount of health in each individual limb and organ. There is scarcely a limitation to the arguments that might be adduced in favor of gymnastic training to give health, tone and vigor to the muscular apparatus. Females suffer most, because their employments are usually sedentary; and in the schools in which they are taught, in this country, little reference is made to a physical education, except in the highest class of seminaries. In the public institutions sustained by towns or State, we hope for a time when this essential branch, so necessary for the development and growth of the intellectual powers as well as the bodily, may be appreciated. We are half inclined to the opinion that it would be good policy to set apart half a day, once a week, in the large public schools for boys, to practise the exercises proposed in this treatise. A few private schools among us have ample apparatus and conveniences for healthful exercise, and they have always been held in high estimation by parents on that account. Mr. Thayer's, in Chauncy Place, is a model one in this respect; and Mr. Baker's, in Chapman Place, also ranks high. Professional men, clerks, and those mostly confined to a sitting position, would find their account in being advised, by the promptings of the book referred to, in regard to this mode of preserving health.

*Anatomical Preparations.*—Formerly there was a general repugnance in this country to keeping parts of the human body on sale. It has been a regular business in France for a century, and England and the United States are still large purchasers from the French dealers. The best and rarest preparations in our school and private cabinets, with few exceptions, were procured in Paris. This repugnance to dealing in such articles, however, has been in a measure overcome. Within the last year, Dr. Codman, of Boston, has opened and kept on sale, a collection of all parts of the body, skeletons, &c., to the advantage certainly of the medical public, and he ought to be well sustained in the enterprise. His prices are reasonable, and being an obliging man, and knowing precisely what articles are needed, being medically educated, the utility and convenience of his establishment, connected as it is with a large collection of surgical instruments, are great, and we recommend the profession to visit it. Whatever may be ordered which does not happen to be in his collection, can be procured by him from Europe.

Messrs. Bullock and Crenshaw, corner of Arch and Sixth streets, Philadelphia, have also a bazaar of anatomical preparations, where medical gentlemen at the South and South-west may procure excellent specimens, models, skeletons, single bones, and also skeleton heads of many animals. We notice the price of a human skull disarticulated, and mounted, so that the bones are separated by short spaces, is fifty dollars; a complete osteological history of dentition, from the fetal condition to extreme old age, one hundred and fifty dollars.

Many medical students who feel themselves cramped for means to procure their education, might pursue the business of preparing skeletons, both of men and animals, in endless variety, and put up sections, wet and dry, of the viscera. They could also multiply injections, and depots for anatomical preparations might thus be fully supplied in half a dozen of our commercial cities, to the certain advantage of all parties concerned. Comparative anatomy, particularly, is neglected, and yet the skeleton of every dead horse decaying in the fields, carefully cleansed, would bring a good price. So of oxen, swine, sheep, reptiles, &c. They are all coveted in cabinets, and must be had. There is no reason why all these articles should not be manufactured here, and thus lessen the prices, besides giving employment to those who are admirably fitted by their course of reading and dissections, to accomplish all that is proposed in these remarks.

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*The Cholera in England.*—As in the former visitations of the cholera, the medical faculty disagree upon the best mode of treating it; no plan seems to be attended with any good degree of success, and 2000 persons have already fallen victims to the disease in Newcastle and its neighborhood. This is a humiliating acknowledgment to make after the existence of cholera in the world for so long a time, and the familiarity of European and American physicians with it for nearly a quarter of a century. The remedies proposed are numerous; but, as on former occasions, each new method, although succeeding wonderfully in the hands of its discoverer, some how seems to lose its peculiar efficacy when employed by others. But this should not discourage further efforts—nor should the new remedies which are brought forward from time to time, be rejected without trial because they are new. Dr. Richardson, of Woolwich, England, recommends in the *Lancet* a treatment consisting of, first, an emetic of 15 grains each of sul.

zinc and ipecac., repeated in ten minutes, and followed in twenty minutes (in collapse) by placing on the tongue 20 or 30 grains of calomel, and repeat from 2 to 10 grains every twenty or thirty minutes. Beef-tea injections to be given, and cold water or ice to be swallowed; to be followed by 20 grains of rhubarb. Dr. Cooper of the Bloomsbury Dispensary recommends the sesqui-carbonate of soda and laudanum in the early stage. Another recommends chloroform; another, croton oil; another, the use of acids; another, in the choleraic diarrhœa, rough cider.

*Medical Miscellany.*—A surgeon of New York states that he has tied the carotid artery thirty-six times.—Cholera still lingers in Cuba.—Mr. T. Jones, of Amherst, seeing the glare from the burning of a neighbor's knitting factory, mistaking it for his own mill in flames, died almost instantly from the intense excitement.—The commissariat of the Russian army is described by the Times as being so infamously managed that sometimes there is no bread for the troops to eat, and that from 10,000 to 20,000 men are constantly in the hospital with dysentery and typhus fever.—The New York College of Dental Surgery, located at Syracuse, is to be transferred to the city of New York.—Ether administered in capsules, has been proposed as an improvement on the common mode of exhibition. The patient suffering neuralgia, stomach-ache, &c., swallows a known dose, which has no repulsive odor or taste about it.—Private letters from Selma, Ala., say that there have been 50 deaths from yellow fever in that town since the 13th. The pestilence is still raging, notwithstanding the intervention of a heavy frost. Business of all kinds entirely suspended.—Advices from Port au Prince state yellow fever prevailing to a great extent at that place. Brig Bainbridge had sailed from quarantine ground for Brazil.—Medical lectures commenced at New Orleans on the 14th. One week was set apart for introductory.—The cholera has broken out at Jassy.—The smallpox was still very fatal on the Sandwich islands. The number of cases up to Sept. 9th was 5049. Of deaths there had been 1805. The disease was said to be increasing at Lahaina.—Miss Azubah Wheeler died at Hollis, N. H., at the age of 102 years, last week.—Dr. Greenby was recently tried for seduction, in Kentucky, which the indictment alleged was accomplished by first administering internally Spanish flies to Miss Malvina Kelly. The damages were laid at \$5000, but the jury returned only \$500. A more absurd notion never had vulgar currency, than that blistering flies excite immoderately the animal passions.—Yellow fever still rages in many of the West India Islands.—Mrs Charles Martin, of Richmond in Texas, recently gave birth to a male child that weighed eighteen pounds and three quarters.—Prof. E. S. Carr has resigned his seat in the chair of Chemistry in the Castleton Medical College, and removed to Albany. He is now Professor of Chemistry and Pharmacy in the Albany Medical College; and Professor of Chemistry applied to Agriculture and the Useful Arts, in the Scientific Department of the Albany University.

*Deaths in Boston* for the week ending Saturday noon, Nov. 19th, 72. Males, 41—females, 31. Accidents, 2—disease of the bowels, 1—inflammation of the brain, 1—disease of the brain, 1—consumption, 17—convulsions, 1—cholera infantum, 1—croup, 1—dysentery, 3—diarrhœa, 2—dropsy, 3—dropsy in the head, 1—debility, 1—infantile diseases, 3—erysipelas, 1—typhus fever, 2—typhoid fever, 1—scarlet fever, 3—hemorrhage, 1—hernia, 1—disease of the heart, 2—inflammation of the lungs, 5—marasmus, 3—measles, 3—old age, 1—palsy, 1—pleurisy, 1—rheumatism, 1—scrofula, 1—inflammation of the stomach, 2—teething, 2—unknown, 3.

Under 5 years, 26—between 5 and 20 years, 6—between 20 and 40 years, 22—between 40 and 60 years, 10—above 60 years, 8. Born in the United States, 43—Ireland, 23—England, 3—Sweden, 2—Germany, 1. The above includes 12 deaths at the City Institutions.

MIDDLETOWN (CT.), Nov. 16, 1853.

To the Editor of the *Boston Medical and Surgical Journal*.—At the semi-annual meeting of the Middlesex County Medical Society, recently held in Middletown, Conn., the following preamble and resolutions were passed unanimously :—

*Whereas*, it has pleased Almighty God in his wise Providence to take from this Society one of its most valued and useful members, *Dr. Richard Warner*, of Cromwell, late President of the Connecticut Medical Society, therefore—

*Resolved*, That this Society, in common with the Profession throughout the State, has by the death of their late friend and associate sustained a severe loss.

*Resolved*, That as a Society, we deeply regret *Dr. Warner's* removal from us, and will testify our sense of the same by recording these resolutions upon the record book of our County Society; by sending a copy thereof, subscribed by the Chairman and Secretary, to the family of our deceased associate, and by procuring their publication in the *Boston Medical and Surgical Journal* as well as in the local newspapers of this immediate vicinity.

IRA HUTCHINSON, *Chairman*.

ELISHA B. NYE, *Clerk*.

*Dr. Slade's Translation of M. Ricord's Letters on Syphilis*.—MR. EDITOR,—A glance at the peculiarly hard and unmanageable style, and in some cases almost untranslatable language of *M. Ricord*, will show that the profession is very largely indebted to *Dr. Slade*, for the task he has faithfully performed. The difficulty of the undertaking is, however, by no means the measure of this indebtedness. *M. Ricord* has unquestionably, to use the language of his translator, "just claim to be considered the first authority in this disease," the origin and pathology of which have not received all the attention and research they demand; at all events, not enough for its satisfactory explanation, and the therapeutics of which have afforded the largest field in the domain of medicine for ignorant empiricism.

It is to be regretted that *M. Ricord* has thought proper to present the results of his observation and theory in a form so ill suited for scientific reference as a series of letters. To the very full analysis, which has been carefully and ably prepared by *Dr. Slade*, the volume must owe its chief value in the hands of the practitioner.

The mechanical execution of the work is highly creditable to the publisher of your *Journal*, and will render it a most desirable addition to the library of every medical man who has not the original. D.

*Medical Fees—The Credit System*.—At a meeting of the Medical Society of the County of Burlington, N. J., Oct. 11th, 1853, the following preamble and resolutions were offered, and laid upon the table for final action at the next meeting :—

"*Whereas*, There being many abuses connected with the popular credit system, as it prevails at the present time, whereby physicians are often defrauded of their just dues, the members of this Society are

"*Resolved*, That after the first of January, 1854, they will adopt the plan of presenting their bills for professional services, at the termination of each case of sickness.

"*Resolved*, That the rates of charges as adopted by the New Jersey Medical Society, by which we are governed, are in our judgment just and honorable; and in acknowledging our fealty to it, we consider ourselves bound to execute its requirements."—*N. J. Med. Reporter*.

## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

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### FOREIGN CORRESPONDENCE.

PARIS, OCTOBER 28, 1853.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—From the influx of students and medical strangers, the *quartier latin* is beginning once more to put on its scholastic appearance. The lectures of the Faculty will soon announce their commencement of the winter session; and although during the *vacance* the lectures have been suspended, yet dissections and private instruction have been going on without much interruption.

For several months I have followed, with very much satisfaction, the cliniques of MM. Sichel and Desmarres upon diseases of the eye. Besides their immense private practice, these gentlemen hold cliniques for the benefit of indigent persons—the former twice a week, and the latter three times. Generally from 150 to 200 patients present themselves at each session, which, of course, furnishes many operations of every character practised upon the visual organs. In persons over 40, the operation for cataract by extraction is generally performed, and the success is truly gratifying—a very large majority of cases having sight restored without accident. The flap operation of the upper half of the cornea is always selected, from the fact that there is not so much liability of the escape of the aqueous humor, neither of prolapsus iridis, as the upper lid keeps the flap in a more exact position; and above all, should the flap unite and leave a depression in it, instead of its globular appearance, it would alter the axis of vision, so that the patient would be obliged to incline the head forward to bring the rays of light to a proper focus, which is far more advisable than to raise the head for the same purpose, which would be the result in a majority of cases if the same depression occurred, in flaps made from the lower half of the cornea. I have seen an Italian oculist of distinction perform the latter, giving, as a reason, that if there should be any effusion within the chambers it would more readily escape. In operations for artificial pupil, as a general thing, the inferior and internal portion of the iris is the part removed. This rule is subject to some variation, according to the opacity of the cornea, &c. In obstructions of the lachrymal ducts, the style is nearly abandoned, as a barbarous practice, and one liable to many grave accidents. Sometimes

M. Desmarres practises dilatation by introducing small *sondes*; sometimes *catheterisme*; but there is always danger of a relapse in a few months. In most of these cases, if of long standing, the lachrymal sac becomes inflamed, implicating the eye, and finally a fistula lachrymalis is the result. Such has been the course in a very large number of the cases which I have observed. In such patients M. Desmarres cures *radically* by destroying the lachrymal sac. He makes a somewhat circular incision down upon the sac, dissecting laterally, so that it may be fully exposed, then applies the actual cautery, which completely destroys the sac, the wound healing without any very noticeable deformity; and in twenty to forty days the patient is cured of an affection that may have lasted him many years. I have seen some patients who have been operated upon two or three times by other methods, but to no effect; while the destruction of the sac rendered the cure complete.

But it may be asked, what becomes of the tears, if the *sac*, and perhaps the lachrymal canal, is destroyed? Anatomy establishes that the lachrymal gland is the source of the tears; and it is also true that there is a secretion from the mucous membrane of the eye, and that there is an absorption and an evaporation of these liquids going on at the same time. Now the secretion of the gland is not absolutely necessary to lubricate the eye when in health; but when a foreign body invades the eye, the lachrymal secretion becomes so abundant, to wash out the intruder, that it overflows the margins of the palpebræ and of the lacus lachrymalis upon the cheek. We see the same result from mental emotions, showing that when these accidents occur, the ducts are not sufficient to carry away this hyper-secretion. This state of things will occur, of course, after the destruction of the sac, when the eye is inflamed from any cause; but when the eye is free from inflammation and not influenced by mental emotion, notwithstanding the complete *annihilation* of the lachrymal sac, the eye will be as free from a superabundance of tears as though it had always been in a state of healthy action; and there will be no watering of the eye. But there will be left a lachrymal tumor—a fistula lachrymalis—or a chronic thickening of the membrane which lines the sac, without an *effectual* remedy, and the consequences can be easily foretold.

The Lessons given at the College of France, during the summer session of 1853, by M. Claude Bernard, *suppléant* of M. Magendie, were exceedingly interesting. I will give you some of his remarks upon gaseous absorption.

All animate beings are in affinity with the gas of the atmosphere. The latter contains two principles: oxygen, which is in proportion of 79 to the 100, and azote 21 to the 100; there are also some traces of carbonic acid.

1. *Importance of oxygen; and the conditions in which it is formed.* In gaseous absorption, oxygen plays the greatest and most important character; it is this which maintains the phenomena of combustion. Its importance has been known since its discovery, and has been called *air vital*. All animals absorb it; it is the same with all the green parts of vegetation; germination has want of it, and the spawn itself could

not be developed without it. If the egg or spawn of a frog or a bird is put in contact with any other gas than that of oxygen, their evolution is arrested. Here is the proof of the absorption of oxygen; put a spawn into a bell-glass filled with oxygen; the glass may be in connection with a *manomètre* containing some water or mercury. Upon examining afterwards what passes, the absorption of oxygen will be recognized by the elevation of liquid in the *manomètre*. Under this influence the spawn will develop itself. But if instead of the oxygen, another gas is introduced, the development will be arrested. This law is applicable to all beings. For respiration, the oxygen could not be re-placed; while *azote* can be. We can make some artificial mixtures respirable, provided there be some oxygen. Once absorbed, is the oxygen dissolved in the blood? Introduced into this liquid, it can circulate there, under the form of globules, but it ends by being dissolved. This is what happens when we inject oxygen into an artery by means of a fine tube; the blood attracts it, and at the end of a certain time it appears dissolved. Spallanzani is said to have seen some globules with his microscope; and also Burdaach, but neither of them observing what may have been the normal state in the individual classes elevated in the animal scale.

If the injection was too abundant, grave accidents would sometimes result, and even death. Gases, in effect, according to M. Magendie, pass only with difficulty by the capillaries of the lungs; introduced briskly into the jugular vein, they go into the right auricle and ventricle of the heart, then into the pulmonary artery, where they form a froth, or foam, which is impelled with the blood. In the parts of the lung where this foam arrives, an obstruction results; and if this is general, death supervenes rapidly. It is thus that death happens by the introduction of gases into the blood. One should be acquainted with the solubility of oxygen. A *litre* (which is a little more than a pint) of water dissolves 46 *centimetres cubes* (a little more than an ounce) under a similar pressure and temperature. But blood absorbs more oxygen than water. Magnus has made some experiments upon this subject. One thousand volumes of blood, agitated in the air, absorbed 130 volumes of oxygen; whilst 1000 volumes of water only absorbed 9 1-4; a difference immense.

The penetration of oxygen, when the air is put in contact with the lungs to traverse their fine membranes, manifests itself actively and abundantly. This is not so with water, and is owing to the different properties of the blood, whose composition is complex. The globules absorb the most. Liebig himself had thought that they alone absorbed oxygen; but the serum absorbs also, as is seen when gas is taken by some animals whose blood is without globules. Some have wished also to bring into account, in this connection, the iron of the globules. But is oxygen only dissolved in the blood? Could it not be retained there by a combination? When we add certain saline substances to liquids, we augment the facility of the former for gaseous absorption; some salts of iron make water absorb more readily certain gases. Liebig thought that the saline parts of the blood, as that of the phosphate of soda, had an action to retain the oxygen. Yet, if the mixture of oxygen with the

blood took place only by a kind of dissolution, the former ought to augment under the influence of compression, as takes place with carbonic acid, a very great quantity of which we can make penetrate, by this means, in water. We know even that this compression, carried to one or two atmospheres, augments the absorption from two to four, &c., in doubling. But the augmentation of absorption does not take place with blood as with water. During life, this absorption varies not sensibly. One can submit it to a strong atmospheric pressure without there being any very sensible modification in the phenomena of life. This even has constituted one means of treatment, and some have seen patients supported sufficiently long without being incommoded. Let us add, on the other side, that if oxygen was in a chemical combination with the blood, we could not detect it as easily as if it was only mixed. We see this question of dissolution, or of combination, of oxygen in the blood, can still be debated, and is far from being settled.

Can atmospheric oxygen undergo any modification, whether within or without the economy? In certain moments, in certain combinations, it appears to be able to acquire a greater energy. Some researches have been made in this respect. A great noise has been made about *osone*, which is oxygen having been submitted to the contact of electricity. M. Schonbein, who discovered this electricized oxygen and its properties, has made it play an important rôle. In his first memoir, he announces, that under the influence of electricity, oxygen acquired a special odor, and that it blued starched paper. *L'air osonisé* by electricity, as that in contact with phosphorus, becomes very irritant; animals which respire it are taken with intense and prolonged bronchitis. These affections, if the osone existed in the atmosphere, could even become epidemic. In his second memoir, he has considered otherwise of osone. This irritant and energetic body produced many similar effects upon miasms. Under the influence of lightning, he formed some osone which purified the air and destroyed some miasms. The author of this discovery having put into air *osonisé*, a morsel of meat in a state of putrefaction, it made the odor disappear, and he saw the putrefaction arrested; this meat, withdrawn afterwards from its influence, continued to putrefy. It will be possible, then, that these properties of oxygen, acquired from without the economy, may come to act upon it. M. Dumas, without yet furnishing direct proofs, has developed the opinion that oxygen, introduced into the lungs, acquires there certain special properties.

II. *Circumstances which have some influence upon the absorption of oxygen.*—As soon as oxygen is in contact with the blood, it passes into the liquid, in virtue of a kind of imbibition, and disappears. This incessant absorption carries into the economy the necessary oxygen for all the organs. The quantity of oxygen which is absorbed is considerable. According to Lavoisier and Seguin, who have made the calculation for each inspiration, 1000 grammes, or 20,000 grains, can enter in 24 hours. But this quantity is subject to some grand variations, as we shall see by the researches which follow. It has been observed that, during *abstinence*, there was a relative absorption of oxygen greater than during *digestion*. M. Bernard explains this difference by saying that during di-

gestion the vena porta conducts the alimentary intestinal blood with the sugary secretion of the liver, which is very active. The blood of the sub-hepatic veins, in mixing itself then with the blood of the vena cava, gives to it the sugared quality, so that some blood highly *sucré* goes into the lungs, and there comes in contact with oxygen. It is from this circumstance that a much less quantity of oxygen is absorbed, whilst a greater proportion of gas disappears. But during abstinence, the blood which goes to the lungs is less sugared, or none at all.

In some diseases, the blood ought to be less fit to absorb oxygen ; this, according to all appearance, takes place in *diabetes*. We know that M. Rayer has observed that in cholera the blood becomes less *scarlet* when in contact with air. We have seen that oxygen is absorbed, even during the incubation of the spawn. However, in mammiferous tribes, the *fœtus* not being in contact with the air, there it appears to have an exception. The lung, which has not yet taken on its formation, is re-placed by the placenta, which is the means of communication between the *fœtus* and the mother. In the *fœtus*, the arterial and venous blood have the same color, but a color intermediate between these two kinds of blood. Fourcroy had remarked, that during intra-uterine life *the blood of the fœtus* was not *always equally susceptible of becoming scarlet by the contact of oxygen*, consequently not always in a suitable state to absorb this gas.

We can place, by the side of these facts, the researches of M. Bernard, who has found that the blood of the *fœtus* which contains sugar up to its birth, ceases entirely to contain it when it has begun to absorb oxygen.

M. Bernard has also verified by some experiments, that the sugar in the blood diminishes the absorption of oxygen. He exhibits two tubes or syphons, with various divisions, each filled with the same quantity of blood, that he has taken away from the jugular vein of a dog, with the precaution to draw this blood with a syringe, and to introduce it under mercury in order to avoid the contact of air. In one of these tubes he has put a small fragment of grape sugar not dissolved ; he then agitates, in order to mix the blood with oxygen, and to see if there should be a difference in the absorption. In the tube not sugared, there were at the moment of the agitation, 14 divisions of the oxygen absorbed ; in the tube sugared, the absorption was less, 12 divisions only were absorbed. When the sugar had subsided, it was agitated again, and then 11 divisions were absorbed in the tube not sugared, whilst there were only 8 in the tube sweetened. M. Bernard, in order to vary his experiments, took some blood from the vena porta, which is not, and some from the sub-hepatic veins, which always is, sugared. The result was the same ; the blood of the hepatic veins absorbed less oxygen. These experiments, so well conducted, confirm the other observations.

MM. Regnaul and Rézé have made some experiments in another point of view. M. Bernard examined those which concerned the question with which he has been occupied. In the work which these *savans* have published, they state that rabbits, nourished with their ordinary aliments, which are very sweet, offer, from 100 parts of oxygen absorbed, 91.9 expelled carbonic acid, and that 8.1 remain in the animals ;

these 8.1 parts which are kept, constituting only a very feeble proportion. If, on the contrary, the rabbits were fasting, from 100 parts of oxygen absorbed, 69.0 appear in the carbonic acid, while 31 remain in the animals. The cause of this difference is attributable only to the fact that in the first case the blood was charged with sugar. The same experimenters have continued their researches with animals submitted to an *aliment containing no sugar*, which constitutes a kind of counter proof. Some dogs were put upon the use of meat only, and during their digestion they were placed in an appropriate apparatus. From 100 parts of oxygen absorbed, 75.2 have re-appeared in the carbonic acid; 24.8 have been kept by the animal. If the dog was nourished with bread, 91.2 re-appeared in the carbonic acid; 8.8 remained in the body. If the dog was fasting, we find the same condition as with the rabbits fasting. But here is another case; it is that in which *an alimentation diminished the production of sugar*. For M. Bernard has shown that alimentation by *fat* hinders this production. A dog, having been nourished with fat, or grease, and placed in an apparatus, rendered only, from 100 parts of oxygen absorbed, 69.4 in the carbonic acid; 30.6 remained in the body. This animal was found, then, in the condition of the rabbits submitted to abstinence. The more there is of sugar in the blood, therefore, the less there is of absorbed oxygen, and the more oxygen appears under the form of carbonic acid.

It remains to ascertain why there is relatively more oxygen during abstinence and less during digestion. During the latter, there seems to be formed a kind of *emmagasinement*, which renders, perhaps, the oxygen less necessary. Some have observed, moreover, many varieties of secreting phenomena; for example, in certain animals that can take a great quantity of food, the urine, during digestion, is troubled, alkaline, and contains an abundance of carbonates; whilst during abstinence, it is clear, and urea is in greater quantity. There is another substance which is found normally in the blood, which acts in an inverse sense to the sugar, and which augments the absorption of oxygen; it is the *chloride of sodium*. In order to demonstrate it, M. Bernard has made the following experiment. He took some blood from the jugular vein by means of a syringe, and put it into two gauges. In the one, he had some pure oxygen introduced under mercury; in the other, some oxygen with a feeble solution of chloride of sodium. In agitating the two mixtures, the first absorbed 32 parts from the 100 oxygen, and the second absorbed only 20.

But with animals submitted to a saline alimentation, if we suppose that, in their respiration, there is a greater proportion of oxygen absorbed, can we confirm it by any experiments, as has been done with sugar? Some researches have been made by M. Boussingault upon saline nourishment; others by M. Barral; more recently MM. Magendie and Rayer, in a commission instituted by the Minister of War, have administered to horses some strong potions of salt. But these studies have not been undertaken with reference to ascertaining the quantity of oxygen absorbed in respiration. We are therefore left to invoke *analogy and reasoning*. When a notable quantity of chloride of sodium

is taken, the appetite is augmented, and animals find themselves probably, under the *rapport* of the absorption of oxygen, in the condition of those who are fasting; this state ought to be only temporary; the salt traverses only the blood, and is evacuated by the urine. We have seen, on the other hand, that the *urea*, during abstinence, shows itself in greater proportion in the urine, and we know that it is a result of nutrition; as in giving salt to an animal, we augment the production of *urea*; being in an analogous condition to that of abstinence, it absorbs a greater quantity of oxygen. M. Boussingault has examined the question under the connection of *engraissement*. He believes that in augmenting the appetite by salt, we ought to fatten animals. But good forage sufficiently augments the appetite; the salt is only necessary to induce them to eat that which is damaged. The appetite comes when the blood has the property to absorb more oxygen. If a determined ration is salted, the animal will consume more oxygen; he will respire more strongly, his assimilation will be more active and more complete; but the nutritive want will be augmented, and he will then become emaciated, because his food is destroyed with too much action, and it will end by using its proper substance. It is thus that an *herbivorous* animal fasting, in using his blood, becomes, in some sort, *carnivorous*.

Why is oxygen absorbed in a greater quantity by salted blood, than by sugared blood? Do the red globules play a *role*, in this respect? All that we can say, is, that under the influence of salt these globules become smaller and flatter. We see, with regard to sugar and salt, some phenomena connected with *obesity* and *emaciation*. In effect, sugar, in diminishing the assimilation, ought to be favorable to obesity; and it is certain that feculent substances fatten. The chloride of sodium produces an inverse result; if one takes very much, he emaciates, too much oxygen enters into the blood. In making animals eat greasy substances, they do not fatten, but they emaciate, as M. Magendie has said, which proves that in order to produce *obesity*, it does not suffice to introduce into the economy substances identical with those which we wish to accumulate there. It is necessary that these substances should act in a certain manner. There exists, without doubt, in the blood, some *other substances* less important than the sugar and the salt, and which, moreover, doubtless perform some part in absorption. Medical substances which serve the medical art, are not probably without having some influence upon the absorption of oxygen by the blood. The continuation of similar studies cannot fail to have its application in medicine; for if, in the normal state, it is necessary to have certain qualities in the blood, in order to absorb oxygen and sustain life, we shall see that when these conditions cease to exist in the blood, this absorption is troubled, and life can be compromised. But more anon.

Respectfully, A. B. H.

#### DEATHS FROM THE INHALATION OF CHLOROFORM.

[THE London Lancet of October 29th contains the report of two cases of death from the use of chloroform—one at the University College

Hospital, October 6th, and the other at St. Bartholomew's Hospital, October 21st. The latter we copy in full, with the post-mortem examination, as every particular in a case of this kind is full of interest. We also insert the series of rules, by a distinguished surgeon of Paris, which are appended in the *Lancet* to the report ]

The patient was a girl of loose habits, 22 years of age, who had been in this hospital two years before the present admission. She was then laboring under an affection which was long looked upon as syphilitic; there was, in fact, considerable discharge from the vulva, and within the vagina was seen an ulcer which was thought to be of a specific nature; but it turned out to be a cancrroid growth, situated just at the entrance of the vagina. It had, on former occasions, been observed that no secondary symptoms were occurring, though the sore presented a certain amount of induration; there was no pain, but the discharge was pretty considerable, and harassed the patient much.

Mr. Paget, having resolved to destroy the tumor, gave the preference to the actual cautery, and hoped that by this means he should succeed in freeing the patient from the inconvenience she was suffering. A fortnight before the day when the inhalations of chloroform had a fatal issue, the ulcerated surface was touched for the first time, when the patient had also inhaled chloroform. She had been thrown into an incomplete state of anæsthesia, for she started when the heated iron came in contact with the sore; she was therefore made to inhale more chloroform, and fell into perfect narcotism, from which she subsequently recovered very well.

On the 21st of October, 1853, it was thought advisable to repeat the operation, and the girl was brought into the operating theatre. Dr. Black, warden to the College, who administers chloroform by appointment, placed upon the patient's mouth the ordinary tin and leather inhaler, which covers nose and mouth, and which is always used in this Hospital. When she had been placed on the table, Dr. Black applied the apparatus, and she continued to inhale the anæsthetic agent very quietly for about ten minutes before it took any effect upon her. All at once the patient was noticed to present an unusually dusky countenance, the pulse became weak and fluttering, and the breathing irregular. Mr. Paget had not as yet begun to operate, and the whole attention was now turned to the state of the girl, and every effort used to recall her to life. Artificial respiration was first employed in the manner advised by Ricord, the air being thrown into the lungs from mouth to mouth. As this, however, did not succeed, an opening was made between the thyroid and cricoid cartilage, and artificial respiration continued by means of a tube passed into the aperture, to which a pair of bellows was adapted. In order to rouse the system, brandy and water was thrown up the rectum. Whilst these measures were energetically carried out, a warm bath was being prepared, and the patient was placed into it as soon as it was ready, artificial respiration being persevered in while she was immersed. During the continuance of these efforts, Dr. Burrows and Dr. Black detected now and then a pulsation at the wrist; but all these endeavors proving useless, galvanism was had recourse to. The shocks produced

very strong spasms, but no efforts at breathing, and it was plain that the only measure which could be relied upon was artificial respiration. This was continued with the greatest perseverance, but to no avail, and it soon became apparent that all the efforts at reviving the poor girl were perfectly useless. The whole amount of chloroform which had been inhaled was below two drachms, and, as stated above, the apparatus was the usual one, viz., the leather and tin case for nose and mouth, with the upper aperture and sponge for pouring in the chloroform.

*Post-mortem Examination made twenty-four hours after Death, conducted by Mr. Paget.*—There was general congestion of the brain, but not very marked, the only veins much congested being those at the posterior part, the blood being in a very liquid state. The puncta were not larger than usual, and the blood, which had been placed in a jar, did not coagulate. The ventricles contained an ordinary amount of fluid, and the pons Varolii presented normal features on a section being made through it. The only peculiarity worth noticing (and the same had been observed in the patient who died from the effects of chloroform some time ago, under the surgical care of Mr. Lloyd) is that the blood was found liquid in the veins, and remained so after it had been put aside. The kidneys were somewhat congested; the left one was found scarred from previous disease, when the proper tunic was drawn off, and it was supposed that this might be the result of disease in early life. The peritoneum was thickened on the surface of the liver, and the left kidney was full of fluid blood. The spleen was adherent to the diaphragm from previous general peritonitis. The stomach was full of undigested food, and still the patient had stated that she had had no dinner; it is supposed that she took bread from her locker, and had potatoes given her by her fellow patients. On the mucous membrane of the stomach some coagulated milk was adherent, but the viscus itself was quite healthy, as was also the pancreas, of which there was a small offset attached to the serous surface of the jejunum. The heart was altogether flabby, but decidedly *not fatty*; the right ventricle was of the ordinary size, and slightly mottled at the upper part, the muscular tissue being rather of a thin texture, and generally pale. The lining membrane of the ventricle was rather thickened, and the paleness of the heart formed rather a contrast with the florid tint of the voluntary muscles, but the viscus did not present the characters of fatty degeneration.

Now what do we learn by these accidental deaths, and the account of the post-mortem examinations? 1st, that the fatal effects may ensue in a very short or comparatively long time (three minutes in one case, and ten in the other); 2d, that a fatty heart will cause death to occur in a much shorter time than is necessary when this organ is sound; 3d, that a perfectly healthy heart is no preservative from the fatal effects of chloroform; 4th, that a previous complete anæsthesia by chloroform is no guarantee that a subsequent one will be harmless; 5th, that even the artificial respiration from mouth to mouth, which has been much extolled, may fail at a certain advanced period of anæsthesia; 6th, that patients may fall victims to chloroform though in an excellent state of general health; 7th, that habitual intemperance seems a counter-indica-

tion to the use of chloroform; 8th, and lastly, that accidents of the kind described above will happen with the best and most practised hands.

The next question is—Whether we can offer any suggestion as to the means of avoiding the sad results which we have just mentioned? On this point we gladly refer our readers to the excellent papers which from time to time have been published on the subject, and shall just extract from M. Bauden's memoir such advice as may be considered of value under the present circumstances:—

1. Never go, intentionally, beyond the limit of cutaneous insensibility.
2. The management of chloroform may be divided into three stages—before, during, and after the inhalations.

3. *Before: Counter-indications.*—Study the patient's constitution; find out whether there exists organic lesions of the heart or lungs: these would be a counter-indication, as are also asthma, aneurism, phthisis, chlorosis, anæmia, chorea, &c., and predisposition to cerebral congestion.

4. The patient's mind should be perfectly calm, and the medical attendant should speak of chloroform as a boon, when carefully administered.

5th.—The patient should be wishing for anæsthesia, and have full confidence in his medical adviser. If he should feel any apprehension or gloomy forebodings, chloroform should be steadfastly refused.

6. Patients have in all times died from the fear or pain of operations; but the influence of *fear* is now no longer taken into account, and chloroform accused of all the mischief.

7. Chloroform must never be given but for operations of a certain importance, and patients should be fasting.

8. Attention should be paid to the debility which naturally follows serious operations and considerable loss of blood, for the organism thus loses its power of resisting the influence of anæsthetic agents.

9. The operating room should be of good dimensions, easy of ventilation, and every article necessary in case of danger should be at hand.

10. *During the Inhalation.*—Chloroform should be administered in hospitals by persons specially appointed for the purpose; and in town by practitioners who make it their exclusive occupation.

11. The quantity of chloroform should be carefully measured, about fifteen minims being taken at once.

12. The length of time during which the patient is inhaling should be counted upon the watch, as also the pulse and the number of respirations. Note should be taken of the force and frequency of the pulsations of the heart; if the latter fall *below sixty*, the inhalation should be stopped.

13. The patient should be in the recumbent position, the head slightly raised by a pillow; and should be given doses of fifteen minims, the time between them being made gradually shorter.

14. The handkerchief should be first held at a little distance, and gradually brought nearer the face, the patient being spoken to in a kind and encouraging manner.

15. The latter should be frequently asked, whilst he is being pinched,

what is done to him ; and when he begins to answer with ill-humor, you pinch him, he is on the point of losing the faculty of sensation.

16. As soon as he answers no more, feeling is abolished ; the handkerchief should be taken away, and the operation begun, for we should never wait until muscular resolution is complete.

17. Excitement, which often marks the first degree, is a mark that the handkerchief should be removed, far from being kept on as is generally practised.

18. The time has now come to watch the heart and the respiration. On the slightest retardation, and if the symptoms of anæsthesia go on or are even increased, means should be immediately taken to bring back the insensibility to the first degree.

19. When spasms of the larynx or much cough occur, if foam come to the mouth, if the pulse falls, if breathing becomes embarrassed, if there appears any mark of syncope or cerebral congestion, the inhalations should at once cease.

20. Slight struggling may be resisted, but violent excitement, and the exclamation of "I am choking," should be followed by the immediate removal of the handkerchief.

21. For long operations the inhalations should be intermitted, and the chloroform may be resumed as soon as the patient begins to sigh or move about. Anæsthesia has in this manner been kept up for one hour.

As to the means to be used in case of threatened death, M. Baudens enumerates most of those which were used in the two cases which we have adduced above.

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#### ACCOUNT OF AN OBSCURE CASE OF PROLONGED SOMNOLENCE.

BY GEORGE W. HUNTER, M.D., OF HARRISONBURG, VA.

AUGUST, 31st, 1853.—I was called upon to consult with Dr. Gordon upon the case of Araminta Ragan, a delicate girl of thirteen years, with a pale sallow complexion.

It appeared that after breakfast that morning, she had gone to sleep, and that when her parents attempted to awaken her, she was seized with a spasm, which was followed by a state of such profound insensibility, that the family supposed that she was dead. Her pulse could not be felt, and not the slightest respiratory movement was perceptible. When we arrived, the patient had revived somewhat, and we attempted to promote reaction by forcing brandy into her mouth, and by applying sinapisms to her hands, feet, and epigastrium. We learned that, upon the previous evening, she had eaten largely of indigestible food. After many efforts, we succeeded in administering about twelve grains of ipecacuanha, by introducing the medicine into her mouth, little by little, and then holding her head back until it tickled the fauces and produced deglutition. She vomited twice tolerably freely, and her consciousness then returned for half an hour or more, during which period she recognized those around her, but never spoke. On being asked, Where she felt sick ? she an-

swered by putting her hand over her stomach. She soon relapsed into her former somnolent state.

Dr. Gordon suggested that the symptoms might be dependent upon hysteria, and proposed the administration of gr. xxx. of valerian. This produced no appreciable effect.

Dr. Henning and Dr. S. M. Hunter visited the patient during the day; they coincided in the conclusion that we had finally adopted: that the disease originated in gastric disorder.

*September 1st.*—The condition of the patient was little changed, except that the pulse had risen to 120; it was rather small and feeble. Her tongue, which she would put out when frequently asked to do so, presented a thin white fur; her respiration was natural. (Hydrarg. chlor. mit., gr. x.; pulv. ipec., gr. viii.) This powder was to be followed in five hours by half an ounce of castor oil.

*Sept. 2d.*—Several dejections; pulse at 80; skin warm and moist. The patient lies with her eyes closed; she has swallowed a little water and soup. Bread was given her, and she chewed, but did not swallow it.

*Sept. 3d.*—I called to see Miss R——, and found her still asleep. Pulse at 80, and natural; breathing regular. The patient has the appearance of a person in natural slumber. It was decided in consultation that she should be cupped upon the temples. She was freely cupped, without any apparent change. She raised her hand and seized the glass during the operation.

*Sept. 14th.*—I have seen Miss R—— nearly every day from the first of her sickness to the present time (more than two weeks). She has remained in the same semi-comatose condition during all this time. Within the last two or three days she has been moaning some, but she still sleeps. To-day, however, she opens her eyes and keeps them open for a time, but does not speak. Her pulse has for some days been growing gradually weaker, and her breathing has increased in rapidity. She is now, and has been throughout her sickness, perfectly rational. When asked to-day if she knew which was the Doctor, she smiled and turned her eyes towards me. She moans, and attributes her pain to the stomach. She is evidently sinking, and I have prescribed brandy and quinine, and a mustard plaster to the stomach.

*Sept. 24th.*—The patient died on this day. Her strength had gradually failed during the preceding fortnight; no new symptoms had presented themselves, and nothing had occurred to throw light upon the nature of her disease.

*Sept. 25th.*—*Sectio cadaveris, 24 hours after death.*—Dr. Glassell and I made the post-mortem examination in the presence of all the physicians of Harrisonburg.

*Chest.*—Adhesions of right pleura. Both lungs filled with tubercles, from the size of a grain of sand to that of a small pea. None of the tubercles were softened. Heart normal. Slight effusion of lymph in pericardium.

*Abdomen.*—The left end of the stomach was healthy; the pyloric extremity was slightly inflamed. At the junction of the stomach and duodenum, on the outside, we found a mass, which we all considered tu-

berculous, of the size of a hen's egg, and of a cheesy consistence. The small intestines generally showed traces of high inflammation. The duodenum was of a brown color; we supposed that this might be owing to the effects of the bile, and attempted to wash it away, but were unable to do so. The gall bladder was distended with bile, probably in consequence of the pressure of the tuberculous lump upon the ductus choledochus.

*Encephalon.*—The brain and its membranes were perfectly healthy, except that the superficial blood-vessels were perhaps a little congested. The ventricles presented the same appearances, that I have seen in dissecting rooms, when I was a student. The base of the brain presented no abnormal alterations. The medulla oblongata and cerebellum were equally exempt from morbid appearances.

We concluded that the immediate cause of death in this case, was the inflammation of the duodenum and small intestines; the remote cause, the tuberculous depositions which excited the inflammation. I should not forget to remark that an hereditary tubercular taint existed.

As to the causes of the profound state of somnolence which lasted throughout the whole course of this singular case of sickness, a period of twenty-five days, I have no explanation to offer; neither shall I attempt to theorize upon the various obscure features which the case presents. I give this history to the profession, hoping that some solution will be found to an enigma, which baffled the sagacity of the numerous physicians who saw this patient during her illness.—*Virginia Med. and Surg. Jour.*

#### DR. MARSHALL HALL ON THE NERVOUS SYSTEM.

[THE following synopsis of the second lecture by Dr. MARSHALL HALL, in New York, delivered some months since, is taken from the "Times," of that city. It has every appearance of being correctly reported, and is withal so comprehensive, and yet brief, that it is transferred to our pages as a fair exponent of the views of this distinguished man on matters connected with the nervous system.]

The nervous system is divided into the cerebral, spinal, and ganglionic. Through the cerebral we are brought in connection with the external world. We perceive through it, and through it we recognize sensations of pleasure or pain. The spinal system presides over all our ingestions and ejections; guards all the avenues that connect the internal organs with the external world; governs the sphincters; retains what we have within; and prevents the introduction from without of what would prove noxious if admitted. The ganglionic system relates to all the operations of assimilation; manages the secretions; presides over the growth of the body; and, when deranged, is the immediate cause of marasmus.

The action of the nervous power upon the muscles is three-fold:—direct, reflex and retrograde. Of the *direct action*, it is a general law, which is centuries old in the books, yet while it was supposed to be the only action of which the nervous system was susceptible, never was applied to physiology—that it is always downward, *i. e.* from the centre to

the extremity ; from the point where the action commences along the course of the nerve till it is too small further to be traced.

The doctrine of the reflex action is Dr. Hall's own. He was studying the phenomena that transpire within the lungs of the frog, when he noticed that a slight irritation of the toe of the animal created a spasm of the extremity. He fell to wondering what was the cause of the spasm. He had excited nervous action, but he had not touched the brain. He had stimulated the excitability of the muscles of the part, doubtless, through the spinal system, since all motion is communicated to the muscles through the medium of that system. yet he had not reached the medulla oblongata. The jerking of the frog's foot was to him like the apple falling to Newton. He suspected, and subsequent experiments confirmed his suspicions into convictions, that in touching the skin he had touched the extremities of nerves whose office it was to carry back to the centres, messages of communication with the external world. This point established, the circle was completed, and the three-fold nervous action—direct, reflex, and retrograde, was easily demonstrated. In illustration of these principles, Dr. Hall performed the same experiments which he had shown on his first lecture.

He divided the spinal marrow of the frog. By this operation all sensibility was removed. According to the learned doctor's theory, it was no longer capable of feeling pain. It might squirm at will, or even cry out as a wounded frog may, but it can't be said to suffer any pain—it is incapable of being hurt. He laid it upon its back ; there it would lay until it was dead, unless something should irritate the skin, and through the reflex action spoken of, cause the muscular contractions. He was confident the frog would lie there till morning ;—just then the frog kicked, as if to turn over. The Doctor was satisfied that in moving the table the frog's skin had been excited. He rubbed it, and the frog was lively. He replaced it on its back, and pressed upon it slightly, and the creature laid still as a sleeping baby for a moment, when it hopped off again. Dr. Hall confessed that he must have left unsevered some fibres of nerves connecting with the brain. To make sure he thrust a probe into the cerebral cavity, and the poor frog piped out his last scream—not of agony, for it did not hurt him at all. He screamed because the probe was exciting violently the medulla oblongata, whence proceed the nerves that affect the vocal organs. The poor fellow then, laid upon the table, was pinched, but he did not respond with a spasm. He was paralyzed by the shock. This state of shock, said the Doctor, is temporary. It passes rapidly away. And in a moment after, pressing on the skin of the toe, the whole body was convulsed. Here was an illustration of Dr. Hall's new law, of an ascending movement from the skin to the centre, yet not acting through the brain, but reflected from the spinal centre.

Next he dissected off the skin of one foot. No irritation of the denuded flesh caused any excitability of the muscles. Next he grasped the spinal nerve in his forceps, and both legs were violently convulsed. Then he severed the lumbar nerve of the extremity that was not denuded ; the part supplied by that nerve was convulsed. Now, no irritation of the skin produced any spasmodic action, for, though the cutaneous

nerves carry the impression to the centre, there was left no medium for their direct action to reach the muscles. Then, with his probe he destroyed the whole course of the spinal marrow—after which, of course, there was no longer any action to be got out of that martyr to science. The frog was dead, sure.

The learned lecturer deduced some very important practical lessons from these experiments. A paralysis caused by a shock is generally curable. Sometimes the patient's paralysis passes away while he does not know it, but, from disuse of the paralyzed part, the inaction in it may remain. The determined will of the enlightened physician works almost miracles in such a case, and the bystanders may add the case cured by moral means to the list wherein the imagination is said greatly to aid the cure. Paralysis, in which there is no spasmodic action, is very generally of cerebral origin. Where there is spasmodic action, the spinal column is also affected. The practical physician will see how his treatment should vary with these varying causes and seats of the disease.

The lecturer upon another frog dropped a small quantity of the solution of strychnine; and, whereas before he had been dull and half asleep, as is his custom in winterish weather, he suddenly exhibited a great deal of life and energy. Soon his muscular activity took on the form of tetanus, or, as the lecturer insisted, hydrophobia. When let alone, he lay still and motionless. Touching him ever so gently on the back produced a spasm. These spasms frequently provoked, he stretched himself out, and, to all appearance, died. Rubbing him would secure a slight spasm, but each returning one grew fainter and fainter, till the muscles ceased to respond to the irritation of the skin. Now, said the doctor, dead as he seems, I have no doubt but if I remove him to a cool place, putting him, meanwhile, in water, I shall find him in the morning well and strong, and ready to be useful as the subject of another experiment. Just so it is with patients suffering under tetanus or hydrophobia. We must place them in quiet, cool, and comfortable quarters, and, for their lives' sakes, let them alone. Handling them hurries back the spasm, and each new spasm hurries the life out of them. Hydrophobia kills in three ways: First, by laryngismus; second, by the repeated excitation causing repeated shocks; and third, by the effect of the poison upon some internal organ. Tracheotomy is equivalent always to laryngismus. Perform it, and death from that cause is impossible. The second cause is removed, if at all, by perfect quiet and the avoidance of every possible thing that can annoy the patient. The third, when the disease reaches that stage, is probably beyond the cure of man.

The lecturer spoke of epilepsy, its causes and means of cure. The readers of the *Lancet* of the past year may remember a table of twenty-four cases, in which Dr. Hall is said to have stated that tracheotomy may be required. Among these cases were named coma after epilepsy, epilepsy laryngea, and epilepsy with torticollis. He had been misrepresented. He had been charged with recommending the operation of laryngotomy for the cure of epilepsy. He never did. For the laryngismus of epilepsy he did commend it to the serious attention of sur-

geons and physicians. Here it removed a cause of death. The physician and dying patient both gain time by its means, and during the time gained, skilful *medication* may pluck the patient out of the jaws of death.

The best instrument for the operation was one much resembling a pair of dissecting forceps ground to an edge. Plunge it into the larynx, and a stout spring opens the blades of the forceps and forces the lips of the wound asunder. He also exhibited what he held to be the best possible instrument for keeping the passage open when made.

An epileptic patient was then brought forward and examined by Dr. Hall, but the account he gave of himself was so unsatisfactory that the doctor did not definitely prescribe.

He said that the excellent president had been striving to inveigle him into the delivery of another lecture. But he should be stubborn—he had left home for his health's sake, and that must be his apology for his stubborn refusal. He never should forget, wherever he went, the extreme kindness of his friends in this country, and hoped, though an ocean should separate them, he might be kindly remembered—and so, tenderly, he bade his numerous and most attentive audience farewell.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 30, 1853.

*Locations for Medical Men.*—From the circumstance that letters are perpetually coming to hand which ask the question where there is a good location for a physician, it would seem that there are few such to be found. A vacant place, in fact, is not worth having. Those localities which present a field for enterprise, are in the possession of enterprising men. A man possessing the right social and scientific qualifications for a physician, will always be in request, go where he may. Very many, in the arduous profession of medicine, who are unsuccessful, impute it to a lack of discernment in the people, when the difficulty is actually in themselves. Great ardor or an impulsive ambition to manage a large business, is no evidence of a sound judgment, or superior attainments. If half a dozen gentlemen devoted to the same pursuit are residing in a town, with a limited population, and they are all equally competent, they will each have employment. The field, to be sure, may be small, but it is a law of society, that a good capacity and thorough attainments shall be exercised more or less, to the advantage of the individual and the benefit of the community. As population is rapidly increasing in most of the cities of this country, the prospects of medical practitioners are, on the whole, bettering, notwithstanding their increase of numbers. Cities, full as they are, as a general rule, offer the best prospects for young medical men. Fame and fortune, if such are objects of pursuit, and can be acquired at all, are more quickly acquired in a densely-inhabited locality, than in a sparsely settled one. True it is, medical competition, like rivalry in trade, there runs high, but those who win at last, obtain good prizes. We are in the habit of saying, therefore, of late, when asked to direct an applicant to the most promising

locality, that if no manifest opening by death or removal offers in the country, settle in the city by all means, although no vacancies are discoverable there.

*Progressive Medicine.*—A monthly quarto sheet, called the "Franklin Journal of Progressive Medicine," has appeared in New York, the object of which seems to be to aid in the sale of certain medical preparations. Vast ingenuity is exercised by the patentees and owners of worthless pills, powders and the like, to create a demand for them, and generally with success. A more gullible people than our own cannot be found on the globe, in the matter of medicine. They are proverbially keen-sighted in every thing else but their own health. When they feel sick, their greediness for swallowing down all sorts of stuff, from irresponsible sources, is extraordinary. The more obscurity and mystery about the composition, the better. Jonathan loves physic dearly. He likes strong purgatives. If they are terribly drastic, he is satisfied; there is power in them, and he goes in for strong measures in medicine as well as in politics. Arguments against the use of them are quite useless, since so many will taste for themselves, and pay roundly for the cheat. Progressive medicine is a delusive term, when it has no higher meaning than heralding the progress of the people from the use of one quack medicine to another.

*Progress of Invention—New Breast Pump.*—Men of ingenuity have in all ages been found, who have exerted their skill in relieving the physical sufferings of their fellow creatures by mechanical means; and consequently, new apparatus of various forms, adapted to the emergencies of our mortal lot, are from time to time brought forward. One studies the best mode for making counter-extension; another invents a knife of a peculiar form; while a third turns his attention to the construction or improvement of various other kinds of instruments.

Being in Mr. Spalding's Medical Depot, Tremont Row, the other day, we were struck with the novelty as well as utility of an ingeniously-contrived breast pump, the result of Dr. O. H. Needham's researches in the pursuit of a mechanical plan to relieve nursing women from the torture of a sore breast. A very correct description of it cannot be given without a drawing for reference. However, the principle will be understood, by saying that an India rubber cup is made to fit about the nipple, without touching it, from which a long flexible tube communicates with a suction pump in the shape of a bellows in a small box, in which the whole can be packed. The lady applies the cup, seated or lying, as circumstances demand, and with her finger works the bellows. The milk flows freely, and without the least degree of irritation; and instead of running down the exhausted tube, falls into a glass receiver, attached to the side. Physicians will find this instrument a help and a comfort which they can in many trying cases consistently recommend.

*Practice of Specialties.*—A new idea was never promulgated in medicine, or an improvement in practice advocated, that did not meet with opposition from some quarter. Indeed this fact constitutes an essential part of the history of the science, and hence it is needless to cite a single case to establish the proposition. This Journal has steadily and conscientiously advocated a subdivision of labor in medical pursuits, as the surest method of improving the several departments and therefore of benefiting general

practice. A single professor does not attempt to give a course of lectures on anatomy, surgery, theory and practice, midwifery, chemistry, materia medica, &c. An institution, with its one professor of all work, would not have a pupil. The same reasons exist, though not perhaps to the same extent, against one physician practising all these branches. It is true, there are conditions of society and other circumstances obliging a man to engage in a mixed business; it cannot well be otherwise in thinly-settled places; but the question is, would not a physician be more skilful in the management of one disease, than forty, were he to give to it the whole of his time and thoughts? One medical journal has attempted to be particularly severe on several eminent professional gentlemen of Boston because they are pursuing this kind of practice, which the people and the times unmistakably demand; but no mere pen and ink opposition can arrest the progress now making in this direction. Oculists, as well as dentists, are steadily multiplying. Several other specialties are sustained by the community, and all parties are the gainers by it. Lastly, the newspaper press, the strongest engine in the country, begins to advocate the system. The able conductor of the medical department of the New York Daily Times has given in his adhesion, and with arguments strong and numerous points out the certain benefits that must follow to the community from having physicians who, after having studied their profession as a whole, devote their attention in practice mainly to the treatment of only one class of maladies. Not to be tedious upon the subject of specialties, which we know is looked at in a less favorable light by some of our brethren, we will close this paragraph by predicting that special practitioners will continue to multiply in our cities.

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*Coxalgia.*—The paper by Alden March, M.D., of the Albany Medical College, presented to the American Medical Association, at the session of May, 1853, has come to hand in a distinct pamphlet. It is in the right form to be sent by mail, and to those who may not have access to the new volume of Transactions, would be very desirable. Dr. March holds a distinguished position among American surgeons, and hence his professional opinions, and whatever of experience he finds leisure for giving to his medical brethren, may be considered as valuable. The hip-disease is one of great interest, and is usually taken in hand for treatment by men of acknowledged ability. No ignorant man would dare commit himself by writing about it, and hence the literature of the disease, for a long period, through the Bells, Pott, &c., are among the strong papers of both the old and modern school of surgical operators. Dr. March's communication contains the views of the best English, German, Scotch and French authorities, to which are subjoined his own. He has certainly pursued his investigations with an ardor that commands our respect. His mode of extension and counter-extension must be studied and then imitated.

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*Educated Nurses.*—A good prospect is opening that a sufficient amount of funds will be procured to commence the education of nurses, at the Female Medical College in this city. Those properly educated would be in constant request. Our benevolent and opulent citizens would confer a favor on society, by assisting the institution to accomplish this praiseworthy plan. A hundred intelligent females ought to be attending lectures the present season for the purpose of becoming skilful nurses.

*Irregular Practitioners at the West.*—A correspondent of the *Peninsular Journal of Medicine*, published at Ann Arbor, Mich., has been collecting information respecting the number of practitioners of all kinds in the principal towns of the State of Michigan, including a few in Indiana and Ohio, and the result has shown a smaller proportion of irregulars, especially of eclectics, than we had been led to suppose were practising there. The following are the numbers:—Total of all practitioners, 338—viz., regulars, 255; homœopaths, 32; eclectics, 15; miscellaneous, 36.

*Spontaneous kindling of Fire in the Human Body.*—The *Courier de l'Eure* communicates to the world an account of spontaneous kindling, though no combustion, in the person of a mantuamaker. This young lady was sewing one night by the light of a candle, when she felt an undue heat all over her body. She noticed at the same time that her forefinger was on fire. The flame was bluish, and emitted a sulphurous smell. She plunged her hand into cold water, and wrapped it in moistened cloths, but the burning still continued, and spread over her hand. Her apron caught fire, and she was obliged to take it off. The flame was only visible in the dark. The girl spent the night in efforts to extinguish the blaze, and only succeeded at day-break.

*New York Institution for the Deaf and Dumb.*—The corner stone of the new edifice to be erected for the deaf and dumb of the State of New York was laid on Tuesday, 22d inst., at Washington Heights, near New York city. A splendid entertainment was given; and the whole proceedings, which were on a large scale and successfully carried out, are reported in full in the *New York Daily Times*.

*Medical Miscellany.*—Accounts from Cleveland, Ohio, represent the Medical School of that city to be largely attended.—Yellow fever clings to some of the West India Islands very disastrously, almost to the ruin of their commerce.—Dr. Bull, one of the most distinguished surgeons of Cork, committed suicide whilst laboring under an aberration of intellect.—Dr. Francisco Hernandez, a celebrated physician of Cuba, is under arrest by the government; and also his son, a lad of 13, who had just arrived from the United States.—The *New York Times* states that the New York County Medical Society lately held a meeting in the *Tombs*.—Dr. Fisher W. Ames, accused of shooting a Mr. Hall, a few weeks since, has been acquitted.

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MARRIED.—In Boston, 15th inst., Arba Blair, M.D., of Rome, N. Y., to Mrs. Sarah Farrill, of Boston.

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*Deaths in Boston* for the week ending Saturday noon, Nov. 26th, 74. Males, 45—females, 29. Disease of the bowels, 1—inflammation of the brain, 3—burns and scalds, 3—consumption, 6—convulsions, 3—croup, 2—dysentery, 1—dropsy, 2—dropsy in the head, 1—infantile diseases, 5—puerperal, 1—typhus fever, 3—typhoid fever, 2—scarlet fever, 4—homicide, 1—disease of the heart, 4—hemorrhage of the lungs, 1—intemperance, 1—inflammation of the lungs, 6—disease of the liver, 3—marasmus, 2—measles, 9—pleurisy, 1—smallpox, 1—teething, 3—thrush, 1—unknown, 4.

Under 5 years, 39—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 12—above 60 years, 4. Born in the United States, 51—British Provinces, 1—Ireland, 20—Germany, 1—Norway, 1. The above includes 6 deaths at the City Institutions.

*Saline Treatment of Dysentery.*—Several cases, which have come under our observation recently, of successful treatment of dysentery with chloride of sodium, sulphate of magnesia, and other salts in small doses, have convinced us that these remedies are not used as often they might be with benefit in a class of cases in which portal congestion is the immediate cause of too frequent and free discharges of bloody and serous fluid from the intestines. In a former number of this Journal, we endeavored to show that alkalies and their compounds are the proper remedies in all cases of torpidity of the liver, resulting from a deficiency of the alkalies as compared with fatty acids for the formation of bile. Portal congestion from torpidity of the liver, caused by deficiency in the alkaline constituents of the blood, is doubtless one of the most frequent causes of dysentery and serous diarrhœa; hence it is that the substances under consideration are in many cases the most efficient and prompt remedies. The cases which have been treated successfully by these remedies under our observation are not numerous, but sufficient in number to justify us in calling the attention of our readers to the subject.

One of the prescriptions which has been found most efficient in dysentery is—Chloride of sodium,  $\mathfrak{zss}$ .; Sulph. Morph., gr. 1-3; in powder or dissolved in mucilage of gum arabic, repeated every four or six hours.—*Ohio Medical and Surgical Journal*.

*The Cholera in England.*—Since our last report the cholera has made no progress as an epidemic. In Newcastle it has all but disappeared; but in various places in the North, and in several districts of the metropolis, cases have been reported. Diarrhœa has prevailed in various parts to a considerable extent, but its arrest in the early stage has no doubt in many cases prevented its degenerating into cholera. The General Board of Health and the Local Boards have been very active during the past week in all the places in which there was a threatened outbreak, and there is good evidence to show that the medical and sanitary precautions taken have been attended with the most satisfactory results. In every instance in which either cholera or diarrhœa has prevailed, the same causes have been at work; indeed it is remarkable to observe how uniform the reports are in this respect. It would be tedious to give in detail the particulars relating to all the places in which these diseases have prevailed, as they would only be a repetition of the old tale about bad drainage, bad water, removable nuisances, &c.—*London Lancet*, Oct. 22.

In London, the whole number of deaths from cholera, during a period of eleven weeks, ending Oct. 15, was 278.

*Valuable Medical Donation.*—A physician, attached to one of the hospitals in Paris, has recently donated to the proprietors of the *Gazette des Hôpitaux*, one of the oldest Medical Journals in France, 10,000 francs per annum, on the following considerations:

- 1st, That the donor's name shall forever be kept an inviolable secret.
- 2d, That 3,000f. per annum of the sum shall be employed in encouraging the authors of useful and practical papers published in the *Gazette*.
- 3d, That the remaining 7,000f. be employed in distributing copies of the *Gazette* to physicians or students who are too poor to pay the whole or any part of the subscription, the simple declaration to that effect of the applicants, being all that is to be required.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 19.

## HYGIENIC TREATMENT OF CONSUMPTION.

BY JAMES TURNBULL, M.D., LIVERPOOL.

THE chief point with reference to hygienic treatment, to which I wish to direct attention, is the use of articles of diet which tend to unite readily with oxygen, and may thus, in the disabled condition of the pulmonary organs, promote a more perfect performance of their functions. Liebig has shown that there are two kinds of nutriment—the plastic or sanguigenous, which form the tissues of the body, and are derived from the vegetable as well as the animal kingdom. A portion of these is necessary not only in pulmonary diseases, but under all circumstances. The other is the non-nitrogenous or combustible, which support respiration. Starch, sugar, fat, and alcoholic liquors, are the chief of these. As we have seen that there is reason to believe that the efficacy of cod-liver is, partly at least, due to the fact of its serving this purpose better than any other oil or fat, it becomes us to inquire, if we can support its action by any other means calculated to produce a similar effect.

It must be evident, that if oxygenation be deficient in chronic diseases generally, and in pulmonary diseases more especially, the deficiency could be counteracted, so far as the ingesta are concerned, only in one of three ways: by giving remedies capable of directly communicating oxygen to the system—by giving such as would determine a greater action of the atmospheric oxygen upon the tissues of the body, or the combustible constituents of the food—or by selecting articles of diet having a strong affinity for oxygen, and which might therefore cause increased absorption at the lungs. It has been thought that nitric and nitro-muriatic acids have some oxygenating power; but whether this be so or not, there can be no doubt that, given in conjunction with cod liver, they promote its beneficial action, a fact of which experience has fully convinced me. It has also been thought that chlorate of potass has likewise an oxygenating power; and it has been said by Dr. Williams and others, that it is a remedy of some efficacy in this disease, but on this point I cannot speak from experience. Peroxide of hydrogen, or oxygenated water, is a compound which would certainly have a direct power of communicating oxygen; but I am not aware that any trials have been made with it.

Again, with reference to remedies capable of increasing the action of

oxygen on the tissues of the body or the food, I would observe, that alkalies have this power to some extent. The blood is an alkaline fluid, and its alkalinity is essential for the various purposes it serves, more especially respiration and animal heat. The experiments of Dr. Parkes show that liquor potassæ is a remedy which determines increased oxygenation of the tissues; and I may observe that in some states of pulmonary disease it is a very valuable medicine.

Of the combustive articles of food there is none which appears to have a stronger affinity for oxygen than *sugar of milk*,\* which is an important constituent of all kinds of milk. As yet I believe it has never been used to any great extent as an article of diet; but, as there is probably none, unless it may be some of the oils, which has so great an attraction for oxygen, or so readily affords material for respiration, it appears to be deserving of much greater attention in this point of view than it has yet received, more especially as there are already facts proving its utility in consumption. It has long been known that asses' milk is a valuable article of diet in advanced cases of consumption, and in pulmonary diseases generally. It seems to afford a certain amount of nourishment without any excitement. In the case of a lady, who came under my care in a very advanced stage of consumption, it appeared to have a decided effect in prolonging life. Dr. Pereira says, "in the convalescence from acute maladies, in consumptive cases and chronic diseases of the digestive organs, it is a most valuable aliment." Now, as sugar of milk forms the chief nutritive constituent of the milk of the ass, as well as that of the mare, we must ascribe its beneficial properties to this article. I would also observe that whey has been found useful in consumption. Dr. Pereira has remarked, that whey, the nutritive properties of which depend upon the sugar of milk, is well adapted for pulmonary and catarrhal affections, especially incipient phthisis and hæmoptysis; also, that it promotes the action of the secreting organs, and is useful in congestion of the liver. Goats' whey has been more especially used in consumption; and Ancell directs attention to it, observing, "it has been said that the use of goats' whey, of particular localities, in large quantities, two or three quarts in a morning, has cured consumption." He attributes its beneficial effects to its impregnation with the aroma of herbs, observing that the whey of goats fed on the mountains of Wales, Ireland, and the Swiss Alps, has obtained the highest celebrity. Any superior advantage it may have in these localities, must, however, be attributed to the beneficial effect of the mountain air upon the patient; and any curative value it possesses must be ascribed to the sugar of milk, which forms the chief part of this as well as other kinds of whey, and of asses' milk.

The facts now adduced are the result of practical observation, apart from any theoretical opinion as to the sugar of milk. They are sufficient to arrest attention, and should lead us to inquire, if there be anything further in its properties or composition, which would lead us to ascribe the beneficial properties of these articles of diet, to sugar of milk,

\* In the cheese dairies of England thousands of cwts of this valuable respiratory matter are annually lost in the whey.—*Liebig's Letters on Chemistry*, 3d ed., 1851.

and would justify the opinion expressed of its nutritive qualities in pulmonary affections. Further inquiry will show that there are: and, in order to prove this, we shall examine it with respect to its attraction for oxygen; its power of supplying material for respiration and animal heat; and the nature of the changes it undergoes when taken as an aliment.

The attraction of the sugar of milk for oxygen is very considerable, so much so, that in certain circumstances it has the power of reducing some of the metallic oxides more or less completely. The circumstances in question are the presence of an alkali. With ammonia, the elements of sugar of milk take, from oxide of silver, the whole of its oxygen; and with potass, from the oxide of copper, one half of its oxygen. When sugar of milk is taken as food, it is either absorbed at once into the blood, or is converted into lactic acid. We have seen that the blood is an alkaline fluid. It furnishes therefore the necessary condition for the oxygenation of sugar of milk; and as we know, that the oxygen absorbed in the process of respiration combines first, and chiefly, with those substances which have the greatest affinity for it, there is no reason to doubt, that it at once supplies fuel for respiration, an important matter where the lungs are disabled; and thus we can readily account for the beneficial properties of those kinds of aliment, of which it forms the chief component. The formula of sugar of milk is  $C^{12} O^{12} H^{12}$ , and when absorbed into the blood it disappears with great rapidity, being converted into carbonic acid and water. Twelve equivalents of oxygen displace the hydrogen and form carbonic acid, and the twelve of hydrogen unite with an equal number of oxygen to form water. It would seem, however, that part of the sugar of milk is converted into lactic acid in the stomach, and when this enters the blood it forms an alkaline lactate. This also undergoes oxydation; and Lehmann observes, "we know of no substitute which could better act in the blood as food for the respiration, than the alkaline lactates." In order that sugar of milk may undergo oxydation in any of the ways referred to, whether out of the animal economy, when directly absorbed into the blood, or after conversion into an acid, it would seem that the presence of an alkali is necessary. This leads me to observe, that Dr. Parkes found, in his experiments with liquor potassæ, that two very different effects were produced, according as it was given, fasting, or soon after a meal. In the former state, it produced a powerful oxydizing effect upon the tissues of the body, and increased the quantity of extractive matters in the urine. In the latter it appeared to have no such effect, simply acting as an antacid. He has not attempted to give any explanation of this; but I conceive, that it may have been owing to the action of the alkali being produced, upon the saccharine and other materials for respiration contained in the food, the presence of which may thus have protected the blood and tissues of the body from being directly acted upon.

There is one other point, with respect to the supply and use of saccharine and oleaginous materials for the purpose of respiration and combustion, which I have still to notice. It is the fact, originally pointed out by Liebig, and now admitted by physiologists, that one of the great offices of the liver is, the preparation of combustive material for the res-

piratory process. This is a point which has not been sufficiently kept in view by medical men; but it is one of great practical interest, when we consider that the function of the lungs, and that of the liver, are so intimately connected and mutually dependent, that derangement of the secreting function of the latter, must necessarily interfere with the former, and may not improbably be one of the chief causes of a tubercular state of the blood. The liver prepares the combustive materials for respiration; and of this there are two sources, one being the worn-out tissues of the body, the hydro-carbonaceous part of which forms bile, and being re-absorbed is consumed at the lungs; the other is the saccharine and fatty matters of the food, which are consumed in a similar way. It would seem, however, that the liver has not only the power of preparing the latter, but also of forming saccharine at least, if not oleaginous matters from the blood. A defect in this power may be one of the great causes of tubercular diseases, and if we can—by giving a ready-formed oil which is stored up at certain times in the liver of the cod-fish—rectify to a great extent any defect in its action, so far at least as the oleaginous material for respiration is concerned, there is good reason to expect that still more may be gained, by giving in a ready-formed state, the other combustive material, the saccharine. Dr. Carpenter says, “It appears that fatty matters are elaborated in the liver from saccharine or some other constituents of the blood; so that even when no fat can be detected in the blood of the vena porta, that of the hepatic vein contains a considerable amount of it. A portion of this fat may be destined for immediate elimination in the lungs; but if the supply that should be introduced by the lacteals be deficient, it would doubtless be made subservient to the formative processes. So, again, it would appear certain, that the liver elaborates from some other constituents of the blood a saccharine compound (diabetic sugar), which is destined for immediate elimination.” Lehmann, on the other hand, states that the blood entering the liver by the vena porta contains much fatty matter, whereas that leaving it by the hepatic veins contains a diminished quantity, and much sugar; and he has endeavored to show that the biliary matter, or cholic acid, is formed from sugar and fat, still serving, though less directly, the purpose of preparing food for the lungs. Whichever view be correct, we see how important is the correct performance of the function of the liver in reference to pulmonary diseases, and how curiously the saccharine and oleaginous constituents of nutrition are linked together, not only in the ultimate purpose they both serve in the animal economy, but also in their preparation for this purpose by the same organ.

The preceding facts and train of reasoning have led me to use sugar of milk as an article of diet, along with the other food, in some cases of consumption; and, as I believe, independent of the statements with reference to whey and asses' milk, that I have seen advantage from it, I wish now to recommend it as an article of diet deserving of more extensive employment. I may also remark, that the use of grapes in considerable quantity, as an article of food, has had a certain reputation in consumption, being called the *cure des raisins*, and that they contain a large quantity of grape-sugar, the kind which most nearly resembles milk sugar in its character and composition.—*Report on Consumption.*

## HAS MEDICAL SCIENCE LENGTHENED HUMAN LIFE?

[Dr. S. G. Armor, of Cleveland, Ohio, is the author of a Prize Essay which was read before the Ohio State Medical Society at its Annual Meeting in June last. The Essay is on the "Zymotic Theory of Essential Fevers, and other disordered conditions of the Blood." In an Appendix to it, the author treats of the progress which has been made in medical science, and the influence it has had upon the mean duration of human life, and extracts the following statistics bearing upon this point from the excellent address delivered by Professor Alonzo Clark, in Albany, before the New York State Medical Society, at its last annual meeting. As Dr. Clark's address was not particularly alluded to by us at the time of its publication, we take pleasure now in copying into our pages, from the Ohio Prize Essay, his valuable contribution to vital statistics.]

Professor Clark first introduces the testimony of the great English historian, and proves, by an unanswerable array of testimony, that medical science *has* greatly lengthened human life.

Macauley, in his History of England, says:—"The term of human life has been lengthened in the whole kingdom, and especially in the towns. In the year 1685, not accounted a sickly year, more than one in twenty of the inhabitants of the capital died; at present only one in forty dies annually. The difference between London of the 19th century, and the London of the 17th century, is greater than the difference between London in ordinary years, and London in the cholera."

Dr. Simpson, in his paper "On the Statistics of Surgery," states that in 1786 the yearly rate of mortality in the whole of England and Wales was *one in forty-two*; in 1801, it was *one in forty-seven*, and in 1831, it had diminished to *one in forty-eight*, showing a reduction of annual deaths by 28 per cent. in the short period of half a century.—*Dublin Review*, vol. 7, p. 97.

These statements correspond with deductions from the English parish registry returns, made by a careful student of statistics and distinguished writer of our own country, published in the 13th volume of the American Journal of Medical Sciences. This registration, however, is incomplete, and the American writer points out the sources of this defect. It is not necessary to specify them here. They are believed to be constant, and nearly equal for the whole period; so that while the proportion of deaths to survivors is rated too low, the rating is equally too low for all portions of the half century. The error therefore does not materially invalidate the great conclusion to which Dr. Simpson's figures would lead us. Marshall, in the publication of the bills of mortality, preserved in London since 1629, has given us the fullest confirmation of this gratifying fact, so far as this largest of towns can furnish it. Finlaison recognizes it as an important element in the construction of his celebrated Annuity Tables.

Mr. Milne, in making up his well-known *Carlisle* Life Tables, ascertained with the greatest care the deaths in that town and its vicinity, for the nine years following 1778; they were in proportion of 1 to 39.99 of the population of each year. It is ascertained with equal certainty

(see Registrar General's Reports) that for the seven years, ending with 1844, the deaths in this same Carlisle and its vicinity were annually 1 in 52.6. The interval between these two periods is just 50 years; and the reduction of mortality is 22 per cent.

The deaths in the town of Northampton were carefully studied during the latter part of the last century, and compared with the population. Dr. Price made this comparison the basis of some of his life tables. Here we have another unquestionable increase in the duration of life. The Registrar General, in his Report for 1847, says of this town: "In the last century, the people here lived about 30; now they live 37 years (37½). In earlier times their life must have been shorter. Then the community had no skilful physician, no surgeon—an infirmary, a dispensary, a lunatic asylum, and from 20 to 30 educated medical men, an evidence that more skill is now devoted to the preservation of life." Thus it appears that although this Northampton is even now one of the least healthful of all the smaller towns of England, yet that the decrement of deaths there is equal to 23 per cent.

These statements, I believe, exhaust the reliable statistics of England, bearing on the subject in which we are here interested, excepting only those that relate to annuitants and the insured.

The inquiry now naturally arises, is this the end? Can the life of man be still further prolonged? We would fain hope that its maximum duration is not yet attained, and this hope is not without encouragement. We learn from the Registrar General's Report, that the mortality of England was slowly but steadily diminishing, during the eight years from 1838 to 1846. The figures that represent its ratio to the living, are for the several years respectively as follows, viz., 2.24, 2.187, 2.29, 2.160, 2.167, 2.12 and 2.082 per cent. But whatever view we are compelled to take of the future, who can doubt the cheering evidences of progress in the recent past?—substantial progress. I will adopt the suggestion of the Registrar General, and assume for the present, what I hope soon to prove, that what man desires most of all earthly things, is secured to him in fair measure, by the unobtrusive, unnoticed labors of our ill-rewarded profession. In the lapse of half a century, 28 persons, or if you prefer the lower estimate, 22 persons saved alive out of every hundred, all of whom must previously have perished! What are all the other improvements of the same period, compared with this? What, though we boast that steam has been made the day-laborer for the nations; what, though the steamship equals in magnificence the fairy palace of fiction, and skims the water with its wooden wings, as does a bird the air; what, though the iron ways encircle the earth, and daily exhibit, as I believe they do, the highest reach of human power, a perpetual wonder; what, though the electric fluid has become our news-carrier; what, though the arts have improved so as to cheapen many of the necessities of life to half their original cost! Neither of these, nay, all combined, can hardly single out the life that they have saved.

Again, France exhibits to us very strikingly the great results of professional labors. M. Charles Dupin, whose name is a sufficient guaran-

tee for his statements, lately read before the Institute a paper on the vital statistics of that country, showing that from 1776 to 1843 (67 years), the duration of life had been increasing at the average rate of 52 days annually, so that the total gain in 2-3 of a century amounted to 9½ years; and that in no year of that period, whether during the Republic, the Consulate or the Empire, did the annual increase fall below 19 days. What a fact have we here! Even during that dread period of French history in which the death angel assumed the cap of liberty, and taxed the arts for new inventions to destroy life, and during the succeeding 13 years in which the war spirit reaped an almost unprecedented harvest, when science and arts vied with each other in contributing to this work of slaughter, and the history of Europe is but little more than the history of battles; during all this period, medicine alone lent all its energies to the preservation of life. How striking the contrast! How proud the success! In France, that glutted the guillotine with the blood of her sons, and strewed every battle-field in Europe thick with their dead bodies; even in death-smitten France, medicine saved, in 20 years, more than war and the delirious spirit of freedom could destroy.

But we shall be told, doubtless, that we are claiming for our profession more than we have any fair right to; that society has improved in all its relations, and that to these improvements are due, in a fair proportion, the results which have been quoted. Let us consider for a little in what these improvements consist. Within 150 years, the arts have reduced the cost of many of the necessities of life; but then the necessities of life have been actually multiplied by this same process of reduction, and food, the first of necessities, has not been cheapened; its money price is indeed less, but its labor cost is greater. The home-condition of the laborer (I speak of the countries from which I have drawn statistics) is more miserable than it was a century and a half ago. The rich have, it is true, become richer, but the poor have at the same time become poorer; in other words, wealth has greatly increased, but it is not distributed in other countries as it is in our own. Who that has visited the homes of labor in England or France, will believe that the overcrowded, half-clad, half-fed population of a manufacturing town can be compared in domestic comfort with the laboring classes of other times, when the honest house-wife wrought out of the noisy wheel and from the loom the honest, warm, abundant homespun; when the labors of the field brought to a country, not over populated, abundance of food; when labor had not yet destroyed its compensation by rivalry with itself; when the infirm poor were not yet so numerous that the benevolent rich could not look after them, and supply their wants. Who will believe that the crowded, hot, dusty, ill-ventilated manufactory can contribute to health like the open field, where men once labored, with its fresh breeze and its sunshine. The better and middle classes have always been long lived. *Their* home condition may have been improved in the period referred to; but have they gained as much as the many, the laborers, have lost? I confidently believe that so far from there being a betterment in the social condition of Europe within 150 years, when a fair balance is struck it will be found that things personal contribute less than formerly

to prolong life. Still it cannot be denied, that in the general improvement of society something has been done for this great object. It is in cities chiefly that these important changes are seen ; and even there they are confined mostly to the rich, or at best are brought by the rich only to the doors of the poor, beyond which they rarely strive to pass. Staying as far as possible the spread of pestilence ; improved ventilation in the widening of streets, and in the construction of dwellings and public buildings ; diminishing the causes of disease by the removal of filth, and by a judicious drainage ; and the encouragement of personal cleanliness, by making water abundant and bathing cheap ; these, no one will deny, are benefits, solid benefits. But *all that is valuable in them is based on principles elaborated and promulgated by the medical profession*. Even the details of the plans by which the public have realized these benefits, have in many instances been prescribed by the profession. There is an implied recognition of this fact, in the name "medical police" which is given to the department that governs most of these things, and still more in the fact that their supervision is in a considerable degree entrusted to an "inspector" chosen from the medical profession. These, then, are medical facts popularized, as are a thousand other medical facts in hygiene and the laws of regimen. May we not, then, freely imparting as we do to the public the advantages derivable from these things ; may we not ask to be remembered as the authors of the doctrines from which these benefits flow.

There is another view of this subject. We hear enumerated among the causes of *tubercular consumption*, imperfect protection either by house or clothing, against the vicissitudes of weather ; scanty and innutritious food ; imperfect ventilation ; vitiated air ; dwelling in dark, damp places ; indifference to personal cleanliness. When it is remembered that these are important points among the particulars in which it is claimed that society has so greatly improved, it will be expected that this formidable malady must gradually recede before the advancing improvements. But Sir James Clarke assures us (in his book on consumption) that this is not the case. He has carefully studied the London bills of mortality, making annual averages for periods of ten years, to avoid the influence of epidemics and accidental agencies ; and he finds that from 1700 to about 1830 there was no diminution in the frequency and the fatality of this disease, but rather that the *proportion of deaths from it has been increasing during that whole period*. At the same time this author fully confirms the statement already quoted from the History of England, by showing that the mortality from all diseases, consumption included, has diminished nearly one half ; consumption excluded, more than one half. I need hardly add that the profession has never claimed great control over this affection ; and that during all the period here referred to, it was held to be incurable. This statement favors a conviction that the advantages we have gained over disease are more in actual practice than in prevention and hygiene.

But we have facts more directly to my purpose : such as will show the physician's care of the sick, freed from all other agencies that are sup-

posed to have influence in prolonging life ; and, comparing the results of that care, at different periods, our claims will be in no respect weakened.

Dr. Merriman deduces from the bills of mortality just referred to, the fullest evidence, that in the department in which he was so much distinguished, the most signal improvement has been made. In 1680, one in forty-four died while under the care of the medical attendant ; within 50 years from that time, only one in seventy died under the same circumstances ; in another term of 50 years, mortality was reduced to one in eighty-two ; and in 40 years more (the period ending with 1820), it had fallen as low as one in 107. Here is a condition in which knowledge and skill are left to work their way unhindered and unhelped. Hygiene has little to do with it ; the improvements of society even less. It is nature and the doctor, and how has the doctor triumphed ?—fifty-nine per cent. of such as must have died in the latter years of 1600, saved in the progress of above a century and a half ! This is doing something to lift from the sex the heavy weight of the primal curse ; and we challenge, in return for it, their kind regard.

Let us now bring our inquiry nearer home. The records of the New York Hospital, a medical charity supported from the treasury of the State, show the mortality, together with the number of patients treated annually since its foundation. The first 50 years of its existence end with 1842. If this term be divided into periods of ten years each, the progressive improvement is uninterrupted ; so that while the relation of deaths to admissions in the first 15 years was one in 7 7-9, in the last 5 years it is one in 11 1-8. This is a gain of more than 30-100, or 31 saved alive out of every 100 that formerly would have died. Now here is little besides medical treatment. The growth of the city has not materially improved the site of this institution. The same building is now used that was used when it was opened, though others have been added. The wards were no more crowded through their early years than they were in 1842 ; the comfort of the patient has been equally cared for at both periods ; and it is proper to give emphasis to the statement, that in this important result, vaccination has had no part. This inestimable discovery was made, it is true, early in this period of 50 years, but it could in no way have affected this Hospital, because smallpox has never been admitted into it since its foundation. What then have we here but improvement in the practice of medicine and surgery ? And it cannot but be noticed, first, that the result here recorded equals, even exceeds, what is claimed in society at large, from all beneficial causes operating together ; second, that this result, gained without the aid of vaccination, shows that, great as is the amount of good done by this discovery, it is far from being the only life-saving agency by which the world has been blessed in the past half century.

The important deductions here made from the statistics of the New York Hospital are sustained by similar facts as collected from the records of the Pennsylvania Hospital, Philadelphia. That institution was opened for the reception of patients in 1752. Its first 90 years were completed, then, in 1842. During this period it received 39,290 patients, and lost of that number 4,120. I have not been able to obtain annual

reports, but the deaths for the whole term of 90 years were one in 9½ of all admitted, while in the last of these years it was only 1 in 11.87. This gives us the last year better than the whole by more than 19 per cent.; an improvement we could only have been prepared for, after learning the striking facts substantiated by the fullest details from the New York Hospital.

From the statistics of the last century it appears that the number of patients admitted into the Pennsylvania Hospital, in the ten years ending with April, 1852, was 13,472; of whom 1056 died, making the deaths a little better than 1 in 12¾. Thus we have a gain in the last ten years, over the preceding 90, of more than 25 per cent.

In appreciating the value of these facts, it must be borne in mind that the physicians and surgeons to whom hospital duties are assigned, are but the representatives of their profession. They are the exponents, the public manifestation of its condition. What they do within the hospital walls, others are doing in private circles, each in his own proper sphere.

Is it not true, then, that medicine is the first of the progressive arts; and not first only, but incomparably above and beyond all others in the priceless benefits it has bestowed on man? Yet who has risen up to give it public thanks for its Herculean labors? Who has proposed to commemorate the vast achievement of prolonging the years of the life of man more than one fourth their former average, throughout civilized Europe and America, in the short period of half a century?

When a great canal or railroad is completed, the air is rent with clamors. Men's voices are inadequate to express their joy, and cannons thunder forth their glad congratulations. Orators speak of "the marriage of mighty waters;" and men, as they meet in the street, say, the great work is accomplished. Well, is it not better thus?—for what celebration can adequately commemorate these triumphs of medicine! What monument can typify their greatness? Yet we have a right to demand a fair estimate of the value of our profession to society, and an honest acknowledgment of what it has done for the well being of man. Grant us this, and, by the blessing of God, we will raise our own monument; it shall be the armies of living men our hands can rescue from the grave.

#### CASE OF POISONING WITH NUX VOMICA—RECOVERY.

AT THE ROYAL FREE HOSPITAL, LONDON.

**NUX VOMICA** is one of those poisonous substances for which we unfortunately possess no antidote, and whose destructive properties have, by experiments upon animals, and by accidental or wilful ingestion among human beings, been abundantly ascertained. No opportunity should, however, be lost of verifying or controlling what is known respecting the effects of nux vomica or its alkaloid strychnia, and this consideration induces us to bring the following case before our readers.

Dr. Christison states that nux vomica "is a powerful narcotic of that limited class which act almost entirely on the spinal column, producing,

in poisonous doses, violent tetanic convulsions, without impairing the functions of the brain. Two drachms of the powder have proved fatal in two hours, and even *thirty grains* have been said to cause death. Those who recover from the primary effect on the nervous system may suffer from irritation in the alimentary canal, and an instance is on record of death being thus apparently produced in three days by three grains of the spirituous extract." The effects of strychnia (the proportion of the alkaloid to the *nux vomica* seeds being about one two-hundredth part) are stated to be as follows:—

"The slightest observable effects from small doses are twitches from the muscles of the arms and legs, occurring especially during sleep, and accompanied with restlessness, some anxiety, acceleration of the pulse, and generally slight perspiration. More rarely the bowels present increased activity, the urine is either augmented or discharged more frequently, and the venereal appetite is promoted. Larger doses cause violent startings of the muscles, or even also a tendency to lock-jaw, which are succeeded by stiffness, weariness, pain or rending in the limbs. In their highest degree these amount to violent tetanic spasm, occurring in frequent fits, with brief intervals of repose, acute sensibility and dreadful alarm. \* \* \* Strychnia is one of the most subtle poisons. I have seen a wild boar killed in ten minutes with a third part of a grain of commercial strychnia injected into the cavity of the chest. I have known two thirds of a grain cause alarming lock-jaw and general spasms in the human subject when swallowed. One grain introduced into a wound would probably prove fatal to a man; and Pelletier and Caventou have killed a dog in thirty seconds with the sixth of a grain of the pure alkaloid. \* \* \* *There is no antidote for it.*" Having premised thus much respecting the effects of *nux vomica* seeds and its alkaloid, let us describe the history and symptoms of Dr. Hassall's patient from the notes taken by Mr. Curgenvven, House-surgeon to the Hospital.

Abraham D——, aged 20, a laborer of a healthy appearance, was admitted to the Hospital on the 27th of August, 1853, having three quarters of an hour previously taken about one drachm and a half of powdered *nux vomica*, which he purchased for the alleged intent of poisoning rats.

When admitted he was in a profuse perspiration, the skin of the face, neck and chest was greatly congested, the eyes suffused, the pupils slightly contracted, and the pulse hard and excited. The patient was greatly agitated, and on moving he grasped firmly the nearest object for fear of falling.

A few minutes after admission a tetanic paroxysm came on suddenly, the man was thrown into a state of opisthotonos, all his muscles becoming rigid, and respiration for the time suspended. This fit lasted about half a minute, when the muscles became relaxed, and he was again able to answer questions. Two emetics (sulphate of zinc?) had been given him before he was brought to the Hospital, but neither had acted.

On admission a sulphate of zinc emetic was administered, but without effect. The stomach-pump was then used, and mixed with what was

ejected could be seen some greyish powder, but unfortunately the fluid was thrown away without any tests being used.

The patient now stated that having purchased the poison (said by the chemist to have been two drachms of powdered nux vomica) he went home, and mixed it with some water in a wine-glass, and whilst drinking it his mother knocked the glass out of his hand; he had, however, drank nearly the whole of it. Soon after the ingestion of the poison he felt a little drowsy, and the first paroxysm of tetanic spasm came on about ten minutes afterwards. He had several of these fits before he was brought to the Hospital, and five after his admission into the ward. They went on decreasing in severity, and none were observed after the fifth was over.

The night following, the patient slept well, and the next day he complained of cramping pains in his limbs when he moved them; tongue rather dry; much thirst; bowels confined. He was ordered an aperient and a saline mixture.

On the 29th, the second day after admission, the pains had left him, his bowels had acted freely, the feverish symptoms had subsided, and the following day the man was discharged in very good condition.

It is a pity that the exact quantity of nux vomica powder which the patient took could not be ascertained; but it may approximatively be said that the dose was a very dangerous one, lying, as does, between the two drachms and the thirty grains mentioned by Dr. Christison. The case which we have just related presents some of the features which have been described by toxicologists, viz., tetanic spasms of a very violent nature succeeding each other very rapidly, and which disappeared completely when the poison had been washed away. Permanent locked-jaw did not, however, set in, but the cramping pains in the limbs, which came on towards the second day, and the uncertainty of gait which the patient manifested on his admission, were quite in keeping with the usual effects of the poisonous substance. The undoubted usefulness of the stomach-pump was well shown in this case, and the circumstance affords an additional proof that this valuable instrument is one of the best contrivances for thoroughly emptying and washing out the cavity of the stomach.—*London Lancet.*

#### EXTRAORDINARY RETENTION OF A DEAD FŒTUS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Believing that *facts* like the following should be preserved for the benefit of science as well as of medical jurisprudence, and knowing of no better way to preserve them than to ask their insertion in the Journal, I forward them to you with that request.

Some weeks since, I was called to Mrs. R——, of Stockbridge, whom I found in labor, which lasted some six hours. This, for her, was rather a hard labor. She was, however, safely delivered of a large, healthy child, at apparently her full time. While examining for the placenta I discovered something had apparently ossified. The placenta soon

passed off, and with it this apparently foreign substance, which proved to be nothing more nor less than a dead and partially decomposed *fetus* of about four months.

The *query* with me is, how could nature's functions harmonize in thus enabling the mother to carry both a dead and living child for at least five months. The mother recollects, that when about three or four months advanced in pregnancy, the sudden announcement of the death of a relative produced a fainting fit, some sickness at stomach, and slight indisposition for two or three days. Since then, up to the time of labor, she has enjoyed uniform good health, enabling her to manage her household affairs without assistance to the time of delivery.

Yours, &c. N. B. PICKETT.

Great Barrington, Nov. 19, 1853.

#### "A LADY IN THE CASE."

*To the Editor of the Boston Medical and Surgical Journal.*

PATIENCE, dear doctor, patience! And yet I fear that alligators and "motive power" are destined to be the death of patience, both to editor and reader. Bear with me this once, while I inquire, what is the gist of the matter in controversy between Mrs. Willard and Dr. Cartwright, on the one part, and Dr. Hunt and others, on the other? "Who knows but even" Mrs. Willard "may become convinced" that the answer to that inquiry is yet a desideratum. This answer is not contained in the assertion that "the chief motive power of the blood is in the lungs and not in the heart." This is a mere theorem—definite and intelligible; but still wanting proof. So, at least, claim the opponents who have contributed papers to your *Journal* on the subject. The phenomena regarded by Mrs. Willard and Dr. Cartwright, as denoting the truth of her theory, are, in the estimation of others, entirely inconclusive and irrelevant. Important and specific objections have been presented—yet all these have been unheeded. They show no lenity to stupid unbelievers, by condescending to illustrate or explain, but leave us to grope in darkness, while they sing another pæan to the "Lady in the Case," and keep the even tenor of their way to "immortality"—the Doctor, of course, as gentleman-usher to the "Lady."

If Dr. Hunt intends to say that "*this matter* can never save a patient, or do any other practical good"—or, rather, the satisfactory solution of the question, whether this doctrine be true, I think his conclusion not merely hasty, but probably wrong; and Mrs. Willard is quite reasonable in claiming that a subject, "serious as life and death," should not be disposed of "in a laughing satire." But while Dr. Hunt has mingled satire, no less keen than irrelevant, with facts and arguments which are obviously legitimate, has Mrs. Willard mended the matter by advertising her work on *Astronomical Geography*?

A large majority of the readers of your *Journal*, Mr. Editor, are destitute of means for accurate scientific research. We have no alligators for dissection, nor chemical nor philosophical apparatus for experiment.

We cannot "keep up," by the purchase of every new book, or new edition of an old one. Nevertheless we are as diligent in using all the means within our reach, for the attainment of knowledge, as the members of other professions. A record of the current matters appertaining to the profession must, in part, supply these deficiencies. It is only through your Journal that we have, most of us, been apprised that such a startling doctrine as the one in question had been announced to the world—and that at least one distinguished member of our profession was its champion. Was it not due from Dr. Cartwright, in announcing his adoption of Mrs. Willard's theory, that he should have given us an intelligible *rationale* of the doctrine? Or if the responsibility of first publishing Dr. Cartwright's conversion to her own opinions may rest on Mrs. Willard, was it not due from her? True, there was an intimation in the Journal that she had written a book on the subject; but, on diligent inquiry, I have never found the book, nor seen a physician who had been favored with its perusal.

If it be claimed that Mrs. Willard's and Dr. Cartwright's contributions to your Journal have been sufficiently clear and definite to convey a just notion of the doctrine, and of the grounds of its support, to the minds of men of ordinary intelligence, I can only appeal to the fact, that to all the inquiries I have addressed to many of my medical associates on the subject, the uniform reply has been that they could make nothing of it. Was it thus with the announcement of the great discoverer whom Mrs. Willard is rivalling?

It is no trifling objection to Mrs. Willard's theory of the "chief motive power," that the size, solidity, and position of the heart fits it, better than any other portion of the channel through which the blood circulates, for sustaining an impulse of sufficient power to send the blood from the centre to the extremities, and to secure it against recoil, or laceration. It is equally obvious that the lungs have no such adaptation. Whether the "motive power" depend on rarefaction, or muscular contraction, the *recoil* would neutralize the impulsive force; or laceration of the pulmonary tissue would inevitably follow. Nature, no less than art, demands something better, for moulding the ponderous iron, than a bed of gossamer. The volcano must be underlaid with granite—or the occupants of Symmes's Hole would share, equally with ourselves, the disastrous consequences of "rarefaction" in its labyrinths.

The "side-issues," as Dr. Hunt calls them, are well disposed of when he intimates, that while the Bible is given as a rule of faith and practice in *moral*, not in natural science, yet, thus far, all seeming discrepancy between the declarations of Scripture, and scientific research, have disappeared on further investigation. Let me add, if the doctor reads the Bible "for the benefit of his *heart*," as he promises, his *head* will be a partaker of the boon, in spite of him.

The qualifying term, "chief," seems to imply that Mrs. Willard admits some agency of the heart in the circulation. On the other hand, all admit that a great variety of agencies, subordinate, yet essential, are included in producing the final result. But that the chief, immediate, and efficient cause of the vital flood is muscular contraction of the heart, will pro-

bably continue to be the settled doctrine of medical philosophy, until Mrs. Willard and Dr. Cartwright shall think proper to confine their centrifugal speculations within the limits of definite, intelligible propositions.

J. L. CHANDLER.

St. Albans, Vt., Dec. 1, 1853.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 7, 1853.

*Text Book of Dissections.*—Messrs. Lindsay & Blakiston, Philadelphia, to whom we are indebted for so many excellent works, have produced another very admirably finished volume of over eight hundred pages, and numerous illustrations, with this title, “A Text Book of Anatomy and a Guide in Dissections, for the use of Students of Medicine and Dentistry, by Washington R. Handy, M.D., Prof. of Anatomy, &c., in the Baltimore College of Dental Surgery.” The author has summed up in his Preface, the objects and uses of his work. He does not pretend it is without a parallel. He knows that systems of dissection are numerous, and some are highly meritorious productions. But he had in view dental students as well as medical and surgical, and makes reference in the book to what they ought to know. He frankly acknowledges his indebtedness to other writers, and he has consulted the best books of authority, adding whatever he could from his own resources. No one in his senses believes in the possibility of adding an undiscovered bone, muscle or tube to the number already catalogued, as part and parcel of the human body. But there may be improvements in regard to the arrangement of parts, so as to have them clearly understood in their functional and mechanical relations. Dr. Handy has a nice perception of what constitutes such improvements. His descriptions are sufficiently full, yet no unnecessary words are allowed to occupy room that might be otherwise appropriated, and it may strike some that there is too much brevity. The work is intended principally as a guide to the different regions, with brief directions for finding any particular part, together with descriptions of organs brought into view under the knife. The anatomical description of the brain, with reference to finding any of the vessels and membranes, or any portion of the encephalon, is not surpassed by that of any author. Such, too, is the fact in respect to the organs of sense. A beginner, unless distinguished for stupidity, might gather a very correct notion of the peculiarities of each and all of them, by the plain, correct description given in this book. This work will not drive other treatises out of the market, but it is quite sure of having the preference over many of them, on account of its freshness and reliability. We congratulate Dr. Handy on the successful termination of the labor imposed voluntarily upon himself in his ardor to make a knowledge of anatomy, which is the groundwork of medical science, easy of acquisition. We trust the new and elegant volume which he has produced will have an extensive sale. Some of the plates are far from favorable specimens of wood engraving, and ought not to have been introduced. On the other hand, there are a few that are very good. It would pay well, in another edition, and it is quite probable several may be required before Dr. Handy is considered out of date, to

have very elegant and minute exhibitions of the viscera, vessels, nerves, &c.—In Boston, copies may be found at Ticknor & Co.'s, Washington st.

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*History of the New Orleans Epidemic.*—E. D. Fenner, M.D., a distinguished physician and medical writer of New Orleans, has nearly completed a full and minute account of the late destructive epidemic in that city, which will appear in a pamphlet form about the middle of December. It will occupy about fifty pages, and if well received, a second edition will follow, giving a narrative of the epidemic in all other places in that region. This will form part of an intended history of Yellow Fever in New Orleans, and its neighborhood, for the last twelve years—comprising the best essays that have appeared on the subject within that period. The whole, when completed according to the learned author's original design, will constitute an octavo of about 350 to 400 pages, to be ready for the press the coming Spring. From the personal knowledge we have of Dr. Fenner's accuracy, energy, and love for the literature of a profession of which he is one of the pillars, we are confident of the value of the forth-coming work, and hope there will be a cordial effort made by the medical fraternity throughout the whole country, to encourage and sustain the enterprise he has commenced.

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*Legitimate Goal of Professional Ambition.* *Dr. McPheeters's Address.*—Introductory to the present course on materia medica, at the University of St. Louis, William M. McPheeters, M.D., gave a discourse on the *legitimate goal of professional ambition*, which was published by the class. It is a performance highly creditable to the author. His analysis of ambition in its relation to the medical profession, is no every-day affair. He was fully justified in saying, "Medicine, gentlemen, is a jealous calling; it brooks no divided affection and half-way devotion, and bestows its honors only on such as continue to be its constant votaries." One of the strong points in this agreeable introductory, is found on the fourteenth page:—"He who would adorn his profession," says Dr. McP., "and would become a blessing to mankind, must be an upright, conscientious and truly Christian man. It is admitted on all hands that a profession charged with so lofty and benign a mission as ours, and where responsibilities are of so delicate and weighty a character, must necessarily demand eminent qualifications both of the head and heart." Much gratification as it would afford us, to extract largely from this discourse, we cannot do it, and the subject must be left with the expression of a hope that the seed it sows may germinate and bear fruit, and thus diffuse the principles which Dr. McPheeters so well inculcates.

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*Sanitary Reforms.*—A series of letters on this subject, addressed to the City Council of New Orleans, in 1850, by S. W. Dalton, M.D., of that city, have recently been reprinted for circulation. Dr. D. tells the officials of their sins of negligence, their culpability in not improving the streets, abating nuisances, and other things which they were bound to accomplish. Had they been influenced by the doctor's reasonings and advice, the late awful epidemic, from which New Orleans will not recover for a long time to come, might never have occurred. It is miserable policy to make up a board of health, unless there is urgent reason for it, wholly of men who are ignorant of the laws of disease. There should be a physician among the members; not a dependent, however, who dares not present a suggestion for

fear of losing his office, but a well-read, sound-minded, independent medical man. There are many valuable statistical memoranda of the yellow fever introduced in this pamphlet, to show what it had been, and where, in the vicinity of New Orleans, in previous years; but this urgent appeal to the sleepy or stupid Board of Health, in 1850, does not appear to have influenced the members. Even the cases of death in the city did not alarm them so much as being told they neither understood, nor manifested a disposition to discharge their duties. The letters of Dr. Dalton are as appropriate now as they ever were. The sanitary reform demanded in them has not yet been commenced. If the citizens cannot be awakened to a sense of their danger, and to the adoption of proper means, another and perhaps a mightier destruction of human life awaits the population. These letters ought to be circulated throughout the municipalities of New Orleans, and placed in every house. The medical gentlemen of that city have gained a well-merited distinction abroad by their humanity and devotion to the sick, in the late dreadful scourging which that city passed through; and if the conscript fathers would practise according to the directions of those scientific physicians, there would be a well-grounded hope that another visitation of yellow fever would not occur.

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*Massachusetts College of Pharmacy.*—A course of scientific lectures, under the patronage of this important institution, at the Medical College in this city, to be delivered twice a week, has been commenced. Every apprentice and assistant in an apothecary or drug store, throughout the city, should have the privilege of attending. They would thus become scientifically familiar with the exact medicinal character of the articles in which they deal, and the public would be more secure against a repetition of those fatal mistakes that have been made by selling over-doses of medicines, as well as poisonous drugs, the specific effects of which are not always known to clerks. Physicians should give to the College of Pharmacy, in Boston, the whole weight of their influence.

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*Untimely End of a Physician.*—The following account of a melancholy occurrence is taken from a newspaper published in a distant State. It is well that such cases, when they do occur, should be held up to the view of the profession—that it may be seen that not only are medical men, in common with others, liable to fall by an indulgence whose fearful effects it is their peculiar province to understand, but that even the most gifted of them are not safe from the temptation.

“Dr. J. A. C., of this county, a gentleman universally liked and much esteemed by his neighbors and friends, a successful farmer, and an excellent physician, was found dead in his bed on Wednesday morning, about 3 o’clock, his throat horribly cut. Notwithstanding his many excellent qualities, he had one besetting sin which proved his ruin—he indulged too freely in intoxicating liquors. He made repeated efforts to reform, and some months since joined a division of the Sons of Temperance; but a short time after he was tempted, his unconquerable appetite overcame his good resolution, and he fell. The consequence was, that he was attacked with mania, and during his temporary insanity, his attendants having fallen asleep, he procured a knife and put an end to his own existence. Those in his neighborhood, particularly the poor, will deeply feel his loss, and none that knew him but must sincerely regret this deplorable end of a high-minded, generous and noble man, himself his only enemy.”

*Medical School of Richmond, Va.*—A large pamphlet is in circulation addressed to the public, on the affairs of the medical department of Hampden Sidney College, which is located at Richmond. It seems that perfect peace is not enjoyed by the medical faculty of that part of Virginia, owing to the fact that there, as elsewhere, various opinions are entertained by divers gentlemen, in respect to things medical. Certain friends of the institution, it would appear, who were convinced that the appointment of Dr. Wilson to a professorship would have a good influence, have been surprised by the unexpected rebellion of a part of the faculty, the "disorganization of the school, and the coarsest aspersion," as they say, "of our motives." Then follows an appendix, more voluminous than the appeal, containing copies of transactions, remarks, &c., which have a very diplomatic appearance. The more we labored to comprehend the nature of the difficulty, the more obscure it appeared; and with the desire of having a clearer insight into the matter, the pamphlet is laid aside for some stormy night, when it will receive further attention.

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*Report on Surgery to the Kentucky Medical Society.*—A report, by J. B. Flint, M.D., Professor of Surgery in the Kentucky School of Medicine, chairman of a standing committee on that branch, in the Kentucky State Medical Society, was objected to, on being read, because, says the preface—"pending the usual question on the reference of it to the committee of publication, two members objected that it contained personalities affecting themselves—one of them particularizing the portion relating to professional extortion, and the other that which was said of abuses of the speculum. A friend of these objectors moved that all in the report which related to medical ethics, should be omitted in the publication, as irrelevant matter; and the society having voted accordingly, the reporter asked leave to withdraw his paper, and this permission was given. Subsequently, in the absence of the author, the Society reconsidered the matter, and unanimously instructed the Secretary to request him to furnish a copy for reference to the publishing committee, without any conditions or restrictions whatever."

From an examination of the pamphlet, made rather hastily, a favorable opinion is formed of the report. Very many suggestions are recognized, and some truths of an important character. Dr. Flint speaks his thoughts boldly, and where he discovers weak points in modern surgery, he has independence enough to exhibit them. How truly the following lines describe what takes place out of Kentucky. "No surgery elicits praise, but it consists of *exploits, achievements, feats*—not exactly *leger-de-main*, but, if I may coin a word for my purpose, *sanglant-de-main*." It requires some nerve to write out one's thoughts, now-a-days, as one is sure to hazard a little paper war, if he happens to excite the jealousy of those who would limit all progress in which they are not the principal actors.

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*Reported Death of Dr. Hester, of New Orleans.*—A telegraphic despatch from New Orleans, dated Dec. 1, announces the sudden death, by cholera, on the morning of that day, of Dr. A. Hester, of that city. Dr. H. was one of the most distinguished physicians of that place, and was the editor and proprietor of the New Orleans Medical and Surgical Journal, which under his management has attained a wide celebrity. We await further particulars of this melancholy event.

*Death from Chloroform in Edinburgh.*—The first case of death from inhalation of chloroform, in Edinburgh, took place at the Royal Infirmary, on the 28th of September last, in a patient under the care of Dr. James Duns-mure, Surgeon to the Infirmary. The man was 43 years old, of intemperate habits, and had twice before inhaled chloroform without injury. He was admitted for retention of urine, and the operation to be performed was division of the stricture by an incision in the perinæum. An ounce of chloroform on a handkerchief was used. Four or five minutes elapsed before the pulse began to fail. Artificial respiration, opening the trachea, and galvanism, were had recourse to. The case is fully reported in the *Edinburgh Monthly Medical Journal*.

*New York City Hospital.*—The managers the New York City Hospital have appealed to their fellow citizens for aid to enable them to enlarge the establishments connected with that institution. The sum required to meet the demands of the rapidly-augmenting population is \$250,000; \$100,000 of this amount is required for the Asylum for the Insane. To this appeal there has been a noble response. Mr. James Lenox has subscribed \$25,000; Joseph Sampson, Esq., \$10,000; an anonymous contributor, \$25 0; eleven individuals have subscribed \$2000 each; forty-three have given \$1000 each; twenty-nine persons have contributed \$500 each; thirteen individuals give \$250 each; twenty have subscribed \$100, and various other donations make up a total subscription of \$122,710.

*Medical Miscellany.*—Dr Mussey's paper on anæsthesia, originally published in the *Western Lancet*, is now circulated in a small pamphlet. The author manifests his usual vigor of thought and energy in execution.—Smallpox is immensely on the increase at many points in the interior.—Dr. Winslow, formerly of Nantucket, who for some years conducted a large private hospital at the Sandwich Islands, where he accumulated a fortune, has recently established himself at San Francisco.—The profession has been served with a pamphlet containing *proofs and evidences of the purity and medical properties of Wolfe's Schiedam Aromatic Schnapps*.—The cholera is represented to have appeared at New Orleans.—No. 8 of Dr. Tully's *Pharmacologia* has been published.—Dr. Clark's report meets with the entire approbation of medical men.—Smallpox is steadily on the increase in several parts of the country.—A large number of American medical students are at the schools in Europe, the present lecture term.

TO CORRESPONDENTS.—Papers have been received—from Dr. G. R. Henry on Quinine in Pregnancy, and W. B. S. on Empiricism.—and also the favor of Prof. Ware, of this city.

MARRIED.—At Dedham, 30th ult., Ebenezer P. Burgess, M.D., to Miss Caroline F. Guild.—At Westford, Conn., 29th ult., Dr. Melancthon Storrs, of Colchester, to Miss Jane D. Adams, of W.

*Deaths in Boston* for the week ending Saturday noon, Dec. 3d, 85. Males, 45—females, 40. Accidents, 4—inflammation of the bowels, 1—inflammation of the brain, 2—consumption, 20—croup, 4—drousy, 3—dropsy in the head, 2—infantile diseases, 7—erysipelas, 1—fever, 1—typhoid fever, 2—hooping cough, 1—disease of the heart, 3—hemorrhage, 2—inflammation of the lungs, 3—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—measles, 8—old age, 5—paralysis, 1—rheumatic gout, 1—suicide, 1—teething, 4.

Under 5 years, 35—between 5 and 20 years, 7—between 20 and 40 years, 22—between 40 and 60 years, 9—above 60 years, 12. Born in the United States, 52—Ireland, 24—British Provinces, 1—England, 2—Germany, 4—France, 1—Sweden, 1. The above includes 4 deaths at the City Institutions.

*Dr. Dyer on Homœopathy.*—A correspondent has sent us a reply to the remarks of Dr. Dyer in the *Journal* of Nov. 16th; but so much of it is irrelevant to the subject, that we cannot insert it entire—even if we felt called upon to publish replies which more properly belong to the organs of the School to which he appears to belong. The following extracts from it are given.

“When parties emulate each other and the standard of talent is high in all, it is wrong for the one to impute the epithet of ‘majestic absurdity, degraded and degrading system of quackery.’ Such is not progressive diction, it belongs rather to that which an English divine, by name, Everest, would call ‘assertion without reason,’ and may be sometimes found ‘where ignorance is bliss.’ There are other denominations beside Allopathy under the nominal protection of ‘legitimate medicine.’ Pennsylvania, Ohio, Wisconsin, and your neighbor the Bay State, will prove you this. It is not now treason to secede from institutions that make age their commentary. A system that now lives fifty years is a Methuselah to one of five centuries in other times. A long life in a short time, and great achievements, is the spirit of the age.”

“Every drop of blood from a well man is his life in proportion; and yet, you contend that in disease the rule is reversed—that bleeding becomes *curative*. Now is it any more inconsistent that doses of medicines produce results upon the sick, where the same would be harmless in health; than that bleeding, deadly in health, may be curative in disease? Symptoms are disease, among which is debility, always. Thus bleeding, if tending to recuperate, must act on *such* Homœopathic principles as some maintain—knocking a man down the second time to cure the effects of the first blow. Bleeding, however, I think, is becoming only a tradition—a bone of contention between scattering professional advocates and the people. Soon, the vaccine trace will be unaccompanied by the cicatrix of venesection, the dignity of the medical vocabulary will drop from *deliquium animi* to *factitious* blind staggers, and quadrupeds only (like the hundred-mile gelding), attest the utility of the process.”

“A point touching the greater interest of Homœopathic physicians in the pecuniary part of the trade, to the expense of patients, is a matter that needs no reply. I can point you to honest men in the system; you can do the same in yours.”

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*New Vaccination Act.*—Two women at Tedham, St. Mary, in Devonshire, were brought before the magistrates lately, charged with purposely exposing some children to the contagion of small-pox, and thereby inducing the disease. This was the first case under the new vaccination law for England and Wales. It broke down owing to the perjury of one of the witnesses; but if death had ensued, the parties concerned would have been tried for murder. This act seems to have excited considerable discontent among the profession in England, partly from its compulsory provisions, and partly from the insecurity of remuneration.—*Edinburgh Monthly Journal of Medical Science.*

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*Soot as a Deodorizer.*—Dr. Elliott, of Carlisle, says that in Carlisle great assistance has been derived, at little cost, during the removal of manure, otherwise so perilous, by the immediate use of a few shovelful of soot. This substance is generally had in abundance where quick lime is scarce, and *vice versa*.—*London Lancet.*

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, DECEMBER 14, 1853.

No. 20.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I have noticed in several of the public papers, from time to time, accounts of the case of James Webb the water drinker, and I think in your Journal also. When I was a student of medicine I heard of Webb, paid him a visit, and published in the New England Medical Journal for July, 1815, some history of him. It might be interesting to re-publish this, since it will serve to bring together the facts of the case which has thus existed for a period of about sixty years.

I send you the volume of the Journal containing the account, which you can make use of, if you think proper. I am very truly yours,

*Boston, Nov. 30, 1853.*

JOHN WARE.

CASE OF POLYDIPSIA.

[From the New England Medical Journal for July, 1815.]

The subject of the following account is a young man, named James Webb, now living in the town of Hingham, in this State. Having been informed of his singular case, I went in company with Mr. Norton, Librarian of Harvard University, to ascertain its nature, and the truth of the circumstances related concerning him. During our visit the following facts were collected from his own account of himself, which were confirmed by the testimony of the persons with whom he now lives, and, as will be presently stated, more particularly by that of others with whom he has formerly lived.

He was 20 years of age some time in the month of October, 1814. His appearance is that of firm health ; his complexion is dark and ruddy ; he is short, thick, rather sturdy, and, except his preternatural thirst, has never been afflicted with disease. At present, the quantity which he habitually drinks in twenty-four hours, amounts to three pailfuls or six gallons. This is necessary, not only to prevent the sensation of a tormenting thirst, but to preserve him in his ordinary state of health ; for when he abstains from his usual allowance, his head is affected and he becomes dizzy, weak and sick ; or, as he himself expressed it—"When I don't drink, it gets into my head." He finds himself obliged to drink at intervals of about an hour and a half or two hours, one or two quarts at a time. At night he places a pailful of water at his bedside, the whole of which he requires before morning, waking whenever it becomes

necessary. He has sometimes taken to the amount of a gallon at once, without experiencing any bad effects. He drank two quarts in our presence, having taken one but fifteen minutes before. He swallows with great eagerness and the appearance of satisfaction, drinking a quart in the time that a common person would a quarter of that quantity. He uses water directly from the well, even in the depth of winter, and avoids mixing anything with it, especially any kind of spirituous liquors, which he dislikes. Its coldness causes no inconvenience, except occasionally a slight chill. He has no recollection of the time when this habit commenced, but has been told by his parents that it was in infancy and soon after birth. The quantity which he now drinks, does not, he thinks, differ materially from that which he drank at 9 or 10 years old. He has several times endeavored to break off the habit, but has always suffered from the attempt in the manner above mentioned. His appetite for food is not remarkable; the persons with whom he lives merely observing, that he was a hearty eater. His meat and drink at meals are like those of the persons with whom he lives. His pulse, during our visit, was full, strong, and remarkably infrequent, not exceeding, at any time, 56 pulsations in a minute, and being sometimes so few as 45. It varied as follows :—

Some time after drinking, 56.

Fifteen minutes after drinking and just before drinking again, 50.

Immediately after drinking two quarts, 45.

The temperature of the atmosphere has no influence on his thirst, since he requires the same quantity of water in the warmest as in the coldest weather. He had an uncle who was formerly affected in the same way, although not to an equal degree. He served in the army during the revolutionary war, and was said to have died in consequence of being in a situation where water was not to be obtained.

As would be supposed, these extraordinary quantities of fluid are wholly carried off by the kidneys, and affect the secretion of no other part. His urine he thinks equal in quantity to the whole of the water which he drinks. The qualities of the secreted fluid, I had no opportunity of examining. He perspires very little, and his fæces are of the usual healthy consistence.

This account is confirmed by Messrs. Wilder and Hersey, two persons with whom he formerly resided. With Mr. Wilder he lived some time at about the age of 9 or 10 years, and his relation agrees with that of Webb in every particular, especially as to the quantity of water drank during twenty-four hours.

With Mr. Hersey, Webb lived from 14 to 18 years of age. He thinks that the quantity increased while he was with him, and feels confident, that during the latter part of the time he drank as much as four pailfuls or eight gallons daily, and has known him to drink a gallon at a time. He never knew him suffer from want of water but once, when away from home where none was to be obtained; he looked pale, and said he could not live ten minutes longer, but was immediately relieved by drinking. He used to shudder for ten or fifteen minutes after drinking, so that his teeth would chatter. His health and appetite were good. He used

no spirit. Mr. Hersey says that he has understood, from the person with whom he lives now, that the quantity has diminished since Webb has been with him.

In the second and third volumes of *A Collection of Medical Facts*, published in London in 1792, are accounts of three cases similar to that above detailed, of which, for the sake of comparison, it may be worth while to subjoin a short notice.—The first was that of Catharine Bousergent, a French woman, 40 years of age. The disease had existed from infancy. When single she drank three pailfuls daily; but after marriage, when pregnant, only two. The quantity was stated by others to be sometimes four pailfuls.

The second case was that of a man in England, aged 51. The disease had existed twenty-three years, and came on after a long-continued fever and ague. The quantity he drank amounted to sixteen or seventeen quarts daily.

The third subject was a boy of 5 years; his pulse from 80 to 85. His daily quantity amounted to about ten quarts.

#### QUININE IN PREGNANCY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have noticed in several other medical journals, and also in your own, reference made to the effect of quinine upon pregnant women.

Quite a number of physicians seem disposed to attribute to quinine an ectrotic action hardly inferior to that of ergot. According to my experience they have mistaken the *cause* of the phenomena which they ascribe to the use of quinine; they attribute to the *remedy* what, I think, is a concomitant of the disease.

Every one who has had occasion to treat cases of remittent and intermittent fever, has noted that the spinal column, and especially the lumbar region, has been the seat of pain and uneasiness; and in the *enceinte* woman we would naturally expect the womb and its appendages to sympathize with the general derangement of health. Experience proves this to be the fact, and at the exacerbation of fever and the paroxysm of an intermittent, we almost invariably find the woman suffering from bearing-down pains, and other symptoms which in the natural course would be the precursors of labor.

It may and will happen that the administration of quinine will fail to check the disease before it has produced such disorder of the uterus that abortion follows, not as a consequence of the remedy used, but of the disease, which the remedy had not fully controlled.

My own conviction is, that the abandonment of quinine in the treatment of malarious diseases, and the use of mere palliatives in its stead, would prove fatal to the hopes of many a pregnant female—and that the accident of abortion, now so rare, would become the rule, by ceasing to be the exception. I would not give quinine rashly and heedlessly; but when combined with a full sedative dose of opium, I believe it may

as safely be administered to the parturient woman as a dose of senna or oil.

I have no doubt that these views are those of a majority of the profession; but I think it necessary, when we are wishing to discard our sheet anchor in the cure of fevers, that those who have weighed it in the balance, and found it *not* wanting, should express their disapprobation of sentiments, which, if encouraged, are calculated to shake our confidence in the treatment of a simple disease.

G. H. HENRY, M.D.

*Burlington, Iowa, Nov. 27th, 1853.*

#### EMPIRICISM.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Several weeks since, a communication appeared in your Journal on the above subject, over my signature. I then intimated that I should furnish something more for publication. Several circumstances, besides the confusion attending a change of location, have prevented me from doing this until now. During the time that has elapsed since my last article, I have lost none of my feelings of disgust at the contemptible tricks that are played on a credulous public, by a set of practitioners, who, with some show of truth, claim to belong to the profession, "*per se*." A hypocrite in the church is a grievous thing. If Tom Paine has done much to make infidels in this country, William Miller has probably done more. If Sam Thomson and his coadjutors have well nigh flooded the land with medical apes, a course is being pursued by a set of *traitors* to the profession, the results of which are more to be dreaded, than even the cayenne-pepper and lobelia mania itself. And this thought reminds me that a writer in a little thing published in the "*city of spindles*," attempted what I suppose he would call a criticism on my last communication. I hope you and the readers of your Journal will pardon me for the digression; but I want to say to that writer that his inference that I am on the fence and ready to become an outsider, is entirely at fault. I shall take but little further notice of his verbiage; but if I were to attempt a formal reply to it, I think it would be most appropriately done by opening Webster's Dictionary at random, and copying off the same number of words. Few men, so far as my knowledge extends, can now be found, who will acknowledge themselves the genuine disciples of Thomson. Most of the original Thomsonians like to be known by some other title or name which strikes the public ear more favorably. But it seems, by the article alluded to, that there are a few in Massachusetts who have tomfoolery enough to retain the name. To such inveterates I wish to give a little advice, which I think they will take some pains to carry out in practice, if they mean to be consistent with the doctrines of their favorite *ism*. First, never go into an outdoor atmosphere except under the rays of a vertical sun; and, second, if you should ever undertake to treat a case of disease of any kind, either rake your patient up in burning embers, immerse him in boiling water, or apply the actual cautery. For, according to your system, *un-*

*sophisticated*, cold is the universal *cause* of disease, and heat the natural and infallible *cure*. And any Thomsonian who undertakes to evade or act contrary to this doctrine, shows himself either a knave or a fool ; for what is written, is written.

But to return to the class of quacks first alluded to. I have quite a catalogue of "ways and means" in my mind which are resorted to by this class to *Jew* the people. And among the more prominent, is the practice of pretending to specifics for almost "every ill that flesh is heir to." I knew of an old doctor in the town of T——, in this State, who made a large majority of the people in the vicinity of his residence believe that he had an absolute specific for bilious colic. And it was no uncommon thing for him to be sent for to the distance of fifty miles to give this wonderful nostrum. A great many children and grandchildren of the same fools that believed this story, are now living, and appear to know but very little more than their ancestors. In fact, one of the regular descendants of this same old doctor (who, by the way, "was a man of great skill, if you could only catch him when he was sober") and a graduate of the Medical School of Maine, has, within the last five years, been playing a very successful as well as contemptible game, under the pretence that he had the identical recipe of his grandfather, having found it pasted on to one of the lids of the old man's family Bible some thirty years after his death. Can it be believed, that in these days of spelling-books, to say nothing of the more available facilities for knowing something, an absurdity so palpable could gain credence in a civilized community? But so it is ; and we must take the world as it is, and not as it ought to be.

The question has been asked, do not medicines act specifically? Yes. If we give a dose of ipecac. for the purpose of producing emesis, and effect the object, the effect is produced by a specific action of the article on the nerves of the stomach. In this sense ipecac. is a specific. So of every other medicine. But this is entirely a different thing from talking of specifics as remedies for pathological conditions of the system.

That we have such, I deny. I know it has been common, for years, to speak of bark as a specific for fever and ague ; but it is not so. The remedy approximates the power attributed to it, but does not reach it.

In my next I *may* speak of a certain "*per vaginam*" instrument, of recent introduction in this State—premising now, that I expect soon to hear it asserted with a great deal of medical gravity, that it is a *specific for corns*, provided they are found on the toes of a female who *has a uterus*.

W. B. S.

*Alna, Me., Nov. 25, 1853.*

#### PHYSIOLOGY OF SPIRITUAL TABLE TIPPING.

BY E. ANDREWS, M.D., ANN ARBOR, MICH.

THIS veriest humbug that ever exhaled from the caverns of delusion has brought to light one remarkable physiological truth, viz., *the power of other functions of the mind besides the will over the muscles*. Phy-

sicians should lose no time in investigating it, for another opportunity equally good may not occur in a century. Besides, physicians owe it to society to expose delusions which are based on physiological phenomena, since they alone are competent to do it. They should examine it, therefore, that their exposure may not be the laugh of ignorance, but the piercing sarcasm of men who understand the nature of what they speak.

The Rev. Charles Beecher, of New Jersey, at the request of an ecclesiastical association, has written a small work on this subject, in which he takes the ground that the "manifestations" are actually the work of evil spirits. His admission of the spirituality of the performances has had a bad effect in this region. All the tipsy tables have tipped with unwonted confidence ever since, and thousands, who held it to be mere nonsense before, are now staggered to learn that a Beecher has decided for the spirits.

We shall give this work a brief review, for two reasons: one is because many physicians who may not see the work, will, nevertheless, have to combat the influence of its name; and the other is, because it is a fine sample of the pranks cut up by the nervous system, which, no longer content to delude hysterical girls, and superstitious old men and women, has in these last days bestrode the pulpit, and made a learned divine, one from a family of ecclesiastical giants, think that there is actually a telegraph from the infernal regions, and that we are in the daily receipt of despatches from the devil.

The treatise in question commences, very necessarily, with a statement of the facts. Now, good reader, what kind of a statement of facts did you suppose was made by this clergyman of mighty name, this Beecher, who was appointed by the New York and Brooklyn Association to report on spiritual rappings. You who are accustomed to the searching fact-sifting of scientific bodies—you possibly imagine that he commences with a careful description of the observations and experiments whereby he determined the phenomena, and with a clear statement of the tests whereby he sifted out the error, and analyzed the whole to the ultimate fact elements. Most learned doctor, you are mistaken. The whole question of facts is contained in a dozen lines. Here it is:—

"The facts which constitute the pneumatic argument arrange themselves in four classes.

"1. Mysterious intelligent sounds and movements.

"2. Involuntary polyglot speaking and writing.

"3. Apparitions.

"4. Doctrines, revelations, poems, prophecies and medical prescriptions, all delivered through the above instrumentalities."

This is all he has to say about the facts. The subsequent pages are learned and eloquent, but to what purpose? In science we are accustomed to require our authors to state, item by item, all the circumstances in which their facts were observed, and all the tests to which they were subjected, because experience has shown that assertions not thus scruti-

nized are not worth a fig, and all arguments based on them, though they may be very logical, prove no more than a puff of nonsense.

He next proceeds to do battle with two opposing theories, which he handsomely demolishes, for he is good at the sword exercise of argument. He also brings up "*od*" or "*odyle*" with evident approbation, as the means by which evil spirits effect their communications with men, women and tables, upsetting the latter, jerking the elbows of the former, and kicking up a row generally.

This *odyle* is a name given to a supposed agent or force, by Baron Von Reichenbach, of Vienna. It is supposed to be diffused throughout the universe, and the Baron has written a book of some 400 pages, filled with his observations and experiments upon it. At some future time we may review it for the amusement of our readers, at present suffice it to say that the majority of his phenomena were evidently nothing but the disordered sensations of the "sensitive" and "nervous" subjects upon whom he experimented. The Baron was evidently entirely ignorant of the pathology of the nerves of sensation. Whoever reads his work without understanding physiology will wonder and admire, but a physiologist will wonder and laugh.

The rest of Mr. Beecher's essay is devoted to showing that the tipping and rapping spirits are evil and not good spirits.

We have had some acquaintance with ecclesiastical bodies, and we think we can account for the production of this curious document without any disparagement to that noble profession. Clergymen, as a body, are not engaged in discovery. Their business is not so much to investigate new truths, as to enforce old ones; hence, in their associations, they assign topics to each other, not so much for the investigation of facts as to develop originality of thought and fire of expression. In all probability the Congregational Association of New York and Brooklyn cared not one fig for the *investigation* of this humbug, but knowing that Mr. Beecher held some peculiar notions upon it, wished to enliven their meeting by drawing forth his ideas and his eloquence.

But laying him aside, what and how much is there in these "manifestations?" We have taken some pains to investigate the matter, and we affirm, as the result of our observations, that if you reject one half of all the accounts for falsehood, and then two thirds of the remainder for exaggeration and mistake, there will remain the following solid facts:—

1st. Disordered innervation, causing delusions of the senses and spasmodic twitching of the muscles in all parts of the body.

2d. Tables, stands, &c., by placing the medium's hands flat upon the upper surface, may be made to move about the room, get upon a sofa, dance to music, and tip out intelligent answers to questions *without any consciousness of voluntary exertion by the medium.*

3d. The medium may write communications and answers to questions *without any voluntary directing of the hand or pencil.*

Any one who will seat half a dozen ladies of nervous temperament at a table, and cause them to hold their hands immovably upon it for an hour, may produce the manifestations of twitching and disordered sensa-

tion, and a few repetitions will generally suffice to develop the table-moving power.

The character of many of the mediums is such as to leave no doubt that their agency is involuntary, at the same time our investigations have demonstrated the actions of the muscles. They usually suppose that with the hands laid flat upon the smooth top of a table, it is impossible for muscular action to take effect, and we have often seen them raise the hand so as only to touch the table with the ends of their fingers and thumbs—a manœuvre which satisfies most observers that there is no muscular action in the case.

Our first experiment was to see whether this position of the hands was a sufficiently rigid test. To our surprise we found that with merely the tips of our fingers touching the table we could imitate all the evolutions of the spirits. We caused it to traverse the room in every direction, made it dance to music, and mount up upon the sofa, and with the tip of one finger pressed upon the top of it, we could use force enough to cause it to lie slowly down upon its side, and to rise up again. We next took a circular cherry table, four feet in diameter, and placing our hands flat upon the top, we forced it to walk up the perpendicular walls of our office, and then, top downward, to walk all about the ceiling. Being thus satisfied that muscular power was competent to the effect, we proceeded to test for its actual existence.

The mediums were confident that the table heaved and moved spontaneously beneath their hands. We placed a sheet of paper beneath their hands, when, lo! the table stood still, while the paper slid all over it. We next placed a book under their hands, and two round wooden pencils under the book as rollers. The book rolled about with great activity, but the indignant table would not budge an inch. We then placed our own hands under those of the medium, when we could distinctly feel the latter pushing and pulling upon our own. It was evident, therefore, that the power was exerted by the medium, not by the table. Lastly, we placed our fingers upon the tendon of the latissimus dorsi muscle where it crosses the axilla, and having ascertained that it was relaxed, requested the spirits to tip, when we could feel the tightening of the tendon as it drew the arm back. The muscular action was decided.

We next proceeded to test by questions, both vocal and mental, by which we ascertained the following facts:—

1. When the question was vocal and the medium knew what the answer should be, *the spirit invariably replied correctly.*
2. When the question was such that the medium neither knew the answer, nor could have any possible chance of hitting right by coincidence, *the response was invariably wrong.*
3. When there was a chance of hitting right by coincidence, as in questions of yes and no, or questions of numbers and some others, the answers were sometimes right and sometimes wrong.
4. If the questions were mental, and no chance of guessing right existed, the answers were *always false.* If, in addition, the countenance was so guarded as not to show *when* a mental question was asked, the answers

were not only false in substance, but out of time with the question; and answers repeatedly came *when no questions had been asked*.

The following are our notes of one of these dialogues. It was a writing medium of the most unquestionable integrity. Having ascertained that the spirit could answer questions otherwise than by yes and no, we proceeded both with vocal and mental questions.

*Question* (vocal). Will the spirits communicate? *Spirit*. Yes.—*Q.* (vocal) Whose spirit is writing now? *S.* William Bassett's.—*Q.* (mental) William, how many brothers has J——? *S.* Yes.—*Q.* (mental) Where does the oldest one live? *S.* No.—*Q.* (mental) Are they both married? *S.* Yes. (This was incorrect.)—*Q.* (mental) How many sisters has he? *S.* Yes.—*Q.* (mental) Who married his sister? *S.* Yes.—*Q.* (vocal) Will the table tip? *S.* Yes.—*Q.* (vocal) In how many minutes? *S.* 10. (the spirit used figures).—*Q.* (vocal) Will the spirit write it in letters? *S.* Ten. (Here the company went to the table and sat half an hour, but it would not tip).—*Q.* (vocal) What has been performing here to-night? (Here the pencil wrote something which was probably meant for "spirits," but it was nearly illegible and looked more like the word "infernal.")

*Medium to the Spirit*. That isn't good; can't you write a little plainer? The pencil then wrote after the former word very distinctly, S-p-i-r-i-t-s, "spirits;" whereupon we took the slate and read the communication to the company, "Infernal Spirits." It was obvious to those present that the "infernal spirits" did not stand very rigid testing.

Putting together these with other facts, therefore, it was clear that the knowledge of the medium and the chances of conjecture, had some connection with the correctness or incorrectness of the answers; in short, that the communication came from living souls in this world, not from "infernal spirits" of the other. And yet the high and irreproachable character of the mediums compelled us to believe that their actions were not voluntary. The question then remained—Can the mental states express themselves in muscular actions *without* the intervention of the will?

The table-tippers and spirit-writers have developed one great truth, which, though previously known in special applications, has only recently seemed to receive a full general acknowledgment, and that is this: Not only the will, but every other function of the mind, is a natural stimulant to the muscles, competent, when acting with the will, to give it double effect, but also able to act without it and produce *intelligent involuntary action*.

Undoubtedly the clearest development of this principle is seen in the muscles of the countenance. These are handed over almost entirely to the involuntary class, and almost all their action is in response to the stimulus of thought and emotion; there is no volition, no consciousness of their action. It is certain, therefore, that thought and emotion, as well as volition, have control over muscular power.

We hold that every muscle in the body is subject to the same influence, and that the reason why we do not notice it, is because the superior power of volition masks the effects of the other mental functions. If this is true, then we should expect that by giving these functions a rela-

tive preponderance over the will, they would re-assert their motor power and bring the muscles under their control. This may be done by giving the emotions unusual power, as in terror or in pain, the involuntary writhing and recoiling of which are too familiar; or it may be done by concentrating the thoughts on a particular action and withholding the will. This is the method of the mediums, and by it they secure action which corresponds to thought without volition.

Normally, however, this power acts in conjunction with the will. This is the triple strength which nerves the limbs of men under intense excitement—the superadded force which renders them competent to meet great emergencies. We often see at a fire instances where men, with a very slight *voluntary* effort, will pick up and carry off a piece of furniture which they could not lift in their cooler moments. A striking instance of the tremendous energy of this superadded force occurred in one of the old Scottish wars. A soldier struck a horseman with a battle-axe with such violence, that the weapon at one blow clove down through the rider and his horse, killing both, and then broke a paving-stone beneath.

The common experiment of a few persons lifting another on the tips of their fore-fingers is another instance. Standing around, they all take breath together, and at a given signal they blow under the person to be raised, when he rises like a cork. So striking is the result, and so little is the consciousness of exertion, that the operators often imagine that the person is raised by the breath they blow under him, and not by their fingers. It is obvious, however, that the sole use of the breath is to be a signal, and by the formality of the preparation, to concentrate their thoughts intently on the desired action.

Here, then, we have the power for producing the spiritual manifestations, viz., muscular power without volition, and without distinct consciousness. It now remains to show how involuntary power can produce intelligent actions, which is quickly done.

The most striking law of this involuntary force is its tendency to execute whatever motions the mind dwells upon, even contrary to the will. Who has not felt the irresistible disposition to move his head, when sitting for a daguerreotype, simply from fixing it so strongly in mind that that motion must not be made. So in the above cases of excitement, the superadded force comes in to execute the movements upon which the mind is intent; hence it coincides with volition. The case is the same in a thousand instances in life where a vivid conception of an action causes an unconscious imitation of it. It is seen also in skilled musicians, in whom the mere desire to have a certain note prompts the requisite motion of the fingers without any consciousness of volition, and it is remarkable that this involuntary style of action gives a more delicate and perfect execution than acts of mere will.

Now the spiritualists have the merit of having demonstrated that this involuntary power may be separated from the voluntary, and made to act alone; and also that the thought or wish of any motion is as efficient as willing the motion. This is the whole mystery of involuntary writing and tipping. Any sensitive person may try the experiment for himself.

Take a pencil in the hand, and without any support for the arm, hold the point lightly on a sheet of paper until the hand begins to twitch and tremble with nervousness and fatigue—a little superstitious awe will help—then looking earnestly at the pencil, picture in your fancy vividly the letters you wish to produce. If you are of nervous temperament, you will now feel an involuntary impulse of the hand in the requisite directions, and by perseverance and repetition, you may in a little time become a writing medium, a telegraph operator for the devil, as Beecher would say, but really, one over whose muscles fancy has usurped the place of will.

We have proved this by actual experiment, and have been able ourselves to write involuntary communications. Table-tipping is still easier.

Since writing the above, we see by the journals that Dr. Carpenter, of England, has put forth an essay in which he proves that other acts of mind than the will may control the muscles. We have also just received a letter from Dr. John C. Norton, a highly intelligent physician of Illinois, in which he says:—"In regard to the writing, I have probed the matter to the very bottom. I have been a writing medium, and can demonstrate by an analysis of my own mind while engaged in receiving communications, that the spirits of the dead are not at all concerned in it. I do not take the ground that it is all imposture; in fact I know better. *The will has nothing to do with actions performed, and yet they are all the work of the mind.*"

We are perfectly aware that most unexplainable stories are every day told; but be wary of two things—first, of phenomena not rigidly tested, and secondly, of second-hand statements. We have in our investigations detected eye-witnesses of the highest integrity, in egregious false statements in consequence of their excitement.

In conclusion, we give it as our own impression, that the claim of "spirituality" for the "manifestations" is an unmitigated humbug, and we are willing to test it with any decent medium that dare try it. We will ask twenty plain and fair questions, and we defy any medium in or out of Michigan to answer them all correctly, either by writing, rapping or tipping; and we will set a suitable table in the middle of our room, and after we have taken the proper measures to prevent the application of muscular action and mechanical force, we defy all the spirits out of Pandemonium to move it a single foot.—*Peninsular Journal of Med.*

#### CASE OF CHRONIC HYDROCEPHALUS SUCCESSFULLY TREATED BY COMPRESSION OF THE CRANIUM.

BY DR. LUND.

LED by the observations of Dr. Baader, published in the *Journal für Kinderkrankheiten* for 1848, Dr. Lund determined to take the first opportunity of employing compression in the treatment of chronic hydrocephalus. In January, 1849, he was consulted about a boy born in the beginning of March, 1848. For the first two months after birth nothing abnormal had been observed in the child, but from that period

his development appeared to be arrested. His body and face became emaciated, while the circumference of the head increased. He was generally chilly, and suffered from cough, had an uncommonly great appetite, and frequently rejected what he had eaten; there were repeated attacks of diarrhœa, and he was very restless. Notwithstanding the means employed to combat these symptoms, his condition became steadily worse. The extremities were more and more emaciated, the abdomen swelled, the spine was weak and curved, the cranium large, the fontanelles and sutures open, the bones of the head seemed loose, the forehead strongly arched and prominent, the eyes were sunken, and the face was, in proportion to the size of the whole head, remarkably small. On applying the stethoscope to the head, in the neighborhood of the anterior fontanelle and of the sagittal suture, a blowing sound, isochronous with the pulse, and closely resembling the placental souffle, was heard. Dr. Baader, in his essay, lays great stress on this sound as a diagnostic sign of infantile chronic hydrocephalus. Compression of the child's head was employed in the mode recommended by this author. Strips of linen, about an inch and a half in breadth, and spread with soap plaster, were, after the hair had been shaved off, so applied that the middle part of all the strips, which covered the head in a radiating manner, rested on the vertex. During the application of the plasters the head was greatly compressed. The ends of the long strips hung loose, and after a broad strip was applied over those round the base of the skull, or over the lowest part of the forehead, close over the ears, and under the occipital protuberance, the loose ends of the radiating strips were turned over and held *in situ* by means of another circular piece of plaster. The object in applying the circular pieces was partly to produce a direct compression round the head, and partly to increase, by their union with the other strips, the pressure of the latter. The plasters adhered firmly for three months, and were then only removed in consequence of the great growth of hair. The circumference of the head had now much diminished in proportion to the face and rest of the body, and the fontanelles and sutures had almost completely closed. The child's general condition, too, was considerably improved. Notwithstanding this, Dr. Lund considered it advisable to renew the application of plasters in the same manner as at first. These were removed in a little more than two months, when the shape and size of the head, as well as the general health of the child, were such as to render the continuance of compression unnecessary, a plan which, besides, could no longer have any effect, as the bones of the head had now become quite firm. The child's head still exhibits the effect of the treatment in the unusual form it has retained, the vertex being flattened, and the parietal tuberosities tolerably prominent. In reference to his bodily state, the boy may now be considered to be, for his age, well developed, healthy and lively, and his mental powers are much awakened.

The successful result obtained in this instance does not appear striking when compared with Dr. Baader's statement of his experience; but, as in most works on the treatment of this disease compression is only superficially mentioned, and physicians in general do not seem to have

much confidence in the plan, the present case, although standing alone, deserves attention. It is possible that the mode in which the compression is employed is the most important item in influencing the result, and that in consequence of the want of success which has been obtained by it, the method has hitherto been little attended to. A circumstance may appear to throw some doubt on the correctness of the diagnosis in the case just described, namely, that while Baader assumes the cerebral murmur as a diagnostic sign of chronic hydrocephalus in infants, other authors entirely deny the existence of this sign. Thus Barthez and Rilliet, in their *Traité des Maladies des Enfants*, state that they never have observed the blowing sound first described by Dr. Fisher of Boston, in the brain of any patient laboring under acute or chronic hydrocephalus, and Barth and Roger allege the same. They observed this sound in a child in whom they had, on account of the great circumference of the head, assumed the existence of hydrocephalus, but after death they found that the diagnosis was incorrect, and that the brain was perfectly healthy. Notwithstanding that so great authorities give opinions adverse to the importance of the cerebral murmur as a diagnostic sign, Dr. Lund feels himself obliged, supported by the experience afforded by his case, in which the diagnosis may be considered established both with reference to the symptoms of the disease and to its results, to incline more to the opinion of the German than to that of the French writers, and consequently to consider himself justified in at least assuming, that when this physical sign is observed in the head of a sick child, the disease may be chronic hydrocephalus.—*Norsk Magazin for Lægevidenskaben*.—*Dublin Medical Journal*.

## TWO CASES OF TRAUMATIC TETANUS SUCCESSFULLY TREATED BY ICE.

BY B. D. CARPENTER, M.D., CUTCHOGUE, SUFFOLK CO., LONG ISLAND

CASE I. August 22d, 1819.—E. G., aged 16 years, of good constitution and habits, jumped from a fence on the stump of a twig some half inch in diameter; which made a wound in the ball of the right foot three fourths of an inch deep. Twelve days after the accident he complained of feeling lame and stiff, during the night was awakened by a violent spasm; the next day complained of stiffness and soreness of the muscles of the neck and throat, and pain at the scrobiculis cordis; the following night, during sleep, was seized with spasm; and the next morning when I was sent for, I found him complaining of pain in the above region, great rigidity of the whole muscular system, attended with difficulty in swallowing and constraint in moving the head and jaws, and in articulating. During the spasm, the body was curved backward and thrown to one side. the dyspnœa was considerable, pulse full and slightly accelerated, skin warm and moist, bowels costive, urine scanty and high colored.

Administered a purgative, which was assisted by enemas. The patient was then put upon the free use of opium in the shape of Dover's

powder, and the bowels kept open by the use of cathartics and injections of  $\text{℥j}$ . tinct. assafoetida in a half pint of soap suds, repeated as often as the preceding one came away. This treatment was continued for four days, during which time he gradually grew worse. The tetanic rigidity and spasm increased until the sixth day; when, finding that he must die unless something further could be done to allay the pain and extreme spasm, and viewing the difficulty as being an irritation of the spine, perhaps connected with congestion of the membranes covering the spinal marrow, I determined to apply ice to the head and the whole length of the spinal column, since the whole muscular system was affected. I did so, and in ten minutes had the satisfaction of seeing the pulse come down from 110 to 75, and all the urgent symptoms relieved; the rigidity was gone, and he had but one spasm after the ice was applied; his bowels were kept open, and assafoetida injections were continued twice a-day, to allay the irritability of the nervous system, manifested by slight twitchings. No medicines were given by the mouth. The wound entirely healed, and in three days the patient was discharged cured; and his health since has been as perfect as before the attack.

CASE II. August 11th, 1853.—A. C., 21 years of age, a robust farmer, in good health, in assisting to remove some old lumber, stepped on the point of a rusty nail, which entered the hollow of the foot to the depth of three fourths of an inch. The wound was not very sore, and was dressed with some simples by himself; and he remained at work moderately until the 16th, five days after the accident, when he complained in the afternoon of twitching in that foot and slight pain in the region of the wound and leg of that side. Was quiet the rest of the day, and retired early to bed, but slept none from restlessness, anxiety and slight pains and twitching of the nervous system. On the 17th, felt some pain in the head and through from the lower end of the sternum to the back. I saw him at 6, P.M., and found him complaining of pain as above mentioned, which had gradually increased at the sternum, great rigidity of the muscles of the left side of the neck, accompanied with slight dyspnoea and some difficulty in swallowing. Even at this time there was present the peculiar expression of countenance found in tetanus. Pulse 100 and hard, bowels costive—had eaten nothing—the wound had not commenced to heal, and was covered slightly with a thin serous discharge. Made a free incision into the wound, and dressed it with a bread and milk poultice, to which tinct. opii was added; ordered 10 grs. of calomel with 10 of rhei, to be followed by pil. colocynth. comp. until the bowels were freely moved, and enemas of tincture of assafoetida,  $\text{℥j}$ . every three hours, or as often as the preceding one should be voided, large doses of Dover's powder by the mouth, and to have the neck bathed in camphorated oil and tinct. opii. 18th, 7, A.M., found that the bowels had been freely moved, and that spasm of the whole muscular system had commenced. About 3, A.M., pain in the neck and at the sternum increased, and there was great rigidity of the muscular system generally; dyspnoea great, much difficulty in swallowing and articulation, jaws partially closed, entirely so during the spasm, pulse 120; indeed all the symptoms increased in a marked de-

gree, with slight delirium. Ordered one fourth of a grain of morphine every hour, and to continue the assafoetida injections. 6, P.M., all the symptoms greatly aggravated, pulse so small and frequent that it could not be counted, jaws closed, breathing extremely difficult, body almost constantly drawn backward or forward and to one side, face pale, skin moistened with clammy sweat, and perfect rigidity of muscular system. Had slept none for 48 hours. Applied ice to the head and whole length of spinal column; in twenty minutes the pulse was down to 100, the skin was covered with profuse perspiration, the muscular system relaxed; in short there was a perfect yielding of all the urgent symptoms, and the patient slept soundly and pleasantly for the succeeding two hours, during which time the breathing was natural, and there was neither tetanic rigidity nor spasm. When he awoke there was still some delirium, the pain in the region of the sternum was very great, and for half an hour the tetanic rigidity and spasm were considerable. The ice was again applied, when the symptoms immediately yielded, and the patient (with the exception of short intervals) slept quietly the balance of the night.

17th, 6, A.M., the bowels were moved by the assafoetida injections, the delirium had passed off, all the tetanic rigidity was gone. Pulse 80, breathing natural, but said there was great soreness of the chest and all the muscles of the body. Drank some soup, continued the ice and injections as before. 11, A.M., there was some slight twitching of the muscles, without rigidity; from this time the patient continued to improve without either tetanic rigidity or spasm until, on the 25th, he was discharged cured, with the wound nearly healed.

The ice was applied from ten to thirty minutes each time, with intervals of from two to eight hours.—*New York Medical Times.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 14, 1853.

*Physicians in Massachusetts.*—Massachusetts abounds with medical men. There are fourteen counties in the State; and taking the population as shown by the last census, and the number of physicians as given in the last State Register, the proportion in each county is found to be as follows:—

The population of Barnstable County is 35,279; the number of physicians 41; giving one medical practitioner to every 860 inhabitants. Berkshire, population 49,596; 90 physicians; one to every 552. Bristol, population 76,207; 85 physicians; one to 897. Dukes, population 4,540; 7 physicians; one to 649. Essex, population 131,307; 135 physicians; one to 974. Franklin, population 30,869; 53 physicians; one to 582. Hampden, population 51,285; 91 physicians; one to 564. Hampshire, population 35,714; 61 physicians; one to 585. Middlesex, population 161,385; 230 physicians; one to 702. Nantucket, population 8,452; 4 physicians; one to 2,103. Norfolk, population 79,000; 88 physicians; one to 898. Plymouth, population 55,699; 59 physicians; one to 944. Suf-

folk, population 144,520; 238 physicians; one to 502. Worcester, population 130,817; 174 physicians; one to 752.

It will thus be seen that there are 1406 physicians in the State, including all who make a profession of the practice of medicine. The population of the State, as above given, is 994,656. The physicians are therefore in number, compared to the inhabitants, as one to about 707. It will also be seen that the proportion varies much in the different counties; being one physician to about 500 inhabitants in Suffolk County, which includes the city of Boston—and only one to 2,103 in Nantucket, many of whose male inhabitants are engaged in the whale fishery, and are often absent from home on long voyages.

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*Hard Times for Physicians.*—All physicians, whether rich or poor, have had their hard times. But there is a way to make them easier, and it is no secret. Industry and energy are sure of bringing a reward with them. People soon discriminate between a man of activity and one of sloth; between him who is prudent, and a spendthrift; between a man of thought and one who never thinks. The professions of law and divinity have in the beginning advantages over physic. A young attorney may draw up a legal instrument, and a young clergyman is permitted to preach before an old congregation; but no one feels disposed to take a prescription from a young physician, while there are experienced practitioners to be had. Their progress, therefore, is slow and truly discouraging when they have literally nothing but themselves to lean upon. Dispensaries, hospitals and asylums, should, as far as practicable, elect young medical men to office. It would be assisting them immediately, by placing them before the public in a respectable aspect, while the objects of the institution would be properly answered. Unfortunately, the doctrine of the day seems to be to help those who can help themselves. Charities, sometimes, like political organizations, call in the services of those who will probably give eclat to themselves. An influential father, an uncle, a rich aunt, and so on, who may be prompted to remember the poor by honoring a newly-fledged doctor in whose prosperity they are interested, is not to be overlooked by a discreet board of managers. Under all circumstances, whether in youth or age, physicians have hard times. The real inducements to study medicine are now very few. A successful merchant, of a bold, enterprising spirit, often accumulates more property in a single year, than many eminently skilful laborious practitioners have secured for themselves and families at the close of a long life. It is quite poetical to converse upon the vast amount of good the physician can do, and equally sentimental to refer to the everlasting gratitude of patients, which is a heavenly compensation for broken rest, and unmitigated fatigues in battling with sickness and death; but there is no concealing the fact that physicians have stomachs, and require a house, clothing, and something for taxes, like other people. Again, therefore, we say, from an extensive personal acquaintance with medical men in the United States, that they have hard times.

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*Rheumatism.*—Persons of all ages are complaining, more or less, of rheumatic pains. Some have severe inflammatory attacks. Where it seizes the feet and ankles, the pains are often intensely severe. There is no uniformity of treatment, as far as we can learn—each sufferer goes the rounds of regular practice, in many instances, and at last becomes the dupe, per-

haps, of an itinerant vender of some specific neuralgic ointment. The subject of rheumatism, here at the North, is eminently worthy of the attention of medical men. A changeable climate is no doubt one cause of the disease; but there are also other causes. But no new plan of treatment has been resorted to, that we are aware of, superior to the ordinary course of medication. What is found most beneficial in the interior? Remote from the ocean, there may be less demand for advice. We should be gratified to learn something of the course of treatment in other parts of the country.

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*Spiritual Rappings.*—An article is copied into the Journal of to-day, from a highly-respectable Medical Journal at the West, explaining, on physiological principles, the apparently mysterious occurrences which for some years past have been known among us under the above title. We should have considered an article on this subject, containing explanations of any other character, as not exactly appropriate to these pages; but the present one—coming from the pen, too, of the editor of the Journal in which it appears, and who is also Demonstrator of Anatomy in the University of Michigan—has claims to our notice as well as that of the profession generally. We commend it to the reader's attention, with no other remark than the expression of a hope that this or some similar explanation may be found correct, so that an end may soon be put to one of the grossest systems of imposture and delusion which have of late years been permitted to afflict mankind.

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*Institution for the Deaf and Dumb.*—Reference was made in the Journal, a week or two since, to the laying of the corner-stone of a new edifice in New York, for the residence and instruction of the deaf and dumb of that State. We are glad to see that not only in that State, but in other places, increased attention is given to this unfortunate class of the community. The following statistics on the subject are from the December number of the Montreal Medical Chronicle:—

“ Pedro de Ponce, a Benedictine Monk of Spain, was the first, of whom we have any reliable account, to make a systematic attempt to instruct the deaf and dumb. He was a native of the kingdom of Leon, and flourished in the middle of the fifteenth century. He has been succeeded by many efficient workers in the same cause, among whom stand pre-eminent the names of De l'Épée and Sicard in France—Heinicke in Germany—Braidwood, Kinniburgh and Watson in Great Britain and Gallaudet, in America. On the Continent of Europe, and in the United States of America, institutions were, from the commencement, erected and supported by grants from the several governments. In Great Britain and Ireland, however, private benevolence anticipated legislative action, and many were in full and successful operation in many parts of the empire some time before the State came to their assistance. From a report presented by Mr. Harvey Peet to the New York Legislature, it appears that there are now 194 schools in the world, in which are employed 449 teachers, and which contain about 7000 pupils. The first was established in Scotland in the year 1760. Of the 194, there are in France, 44; German States and free cities, 28; Prussia, 25; British Isles, 22; United States, 13; Italy, 11; Austria, 10; Belgium and Holland, 10; Bavaria, 10; Switzerland, 10; Denmark, Sweden and Norway, 5; Spain, 2; Russia and Poland, 2; Asia, 2; Portugal, 1; Canada, 1. Since we first saw Canada credited in print for one deaf

and dumb institution, we have made diligent inquiry as to its location, history, success, &c. All we have learned is, that it is situated at L'Industrie, and that it receives £150 yearly from government. We know not how many pupils it contains; nor have we gleaned any information regarding the form of instruction adopted by the teachers, or the results which have attended their teachings. No periodical report has, as far as we can learn, been laid before the public. It will be freely conceded that an institution, such as the one at L'Industrie appears to be, is altogether inadequate to the wants of this rapidly-increasing province; and it will afford satisfaction to every philanthropic mind to know, that our Provincial Legislature has voted the sum of £20,000, "for the erection of institutions for the deaf and dumb, and for the blind, in Upper and Lower Canada." This sum, which appears in the Estimates for the year 1853, will not, we hope, be allowed to remain long unused."

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*Anatomical Preparations.*—A few weeks since, reference was made to the useful and elegant anatomical preparations kept on sale by Dr. Codman, Tremont Row. It gives us pleasure to refer to another well-established house in Boston, which has also added to its regular and legitimate trade a branch of business that will prove an acceptable service to the medical profession generally. We allude to Mr. Burnett's establishment, also in Tremont Row, where very beautiful specimens of the bones of the head, teeth, &c., may be procured. Whole skeletons, far superior to those prepared here, ingeniously articulated, may be had for a very reasonable sum. Thus, between the two establishments, individuals as well as public institutions might build up an anatomical cabinet, in its osteological department of great beauty and value.

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*Use and Abuse of Alcoholic Liquors.*—This is a treatise on the subject of spirituous liquors considered in relation to health and disease, by the distinguished Dr. Carpenter, whose eminence as a physiologist places him before the world almost without a rival. The volume is a small one, from the press of Messrs. Blanchard & Lea, accompanied with a preface by Dr. D. F. Condie, of Philadelphia. It is not a work intended exclusively to be read by professional men. Placed in families, it would be the direct means of giving extensive and reliable information of what may or may not be done in regard to using alcohol in any of its forms. Mistaken views are entertained by otherwise very sensible people, respecting the influence of this seed of destruction, now extensively sown, but circumstances prevent us to-day from doing more than to announce Dr. Carpenter's publication by its title.

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*Orthosomium.*—J. H. Hammersley, M.D., has opened, in Boston, under favorable auspices, a school for orthosomic exercises, which should have the countenance of parents, public instructors, and the public generally. The mere act of jumping over a log, or hanging by the hands from the top of a door, does not call into activity the various muscles of the body in a manner best calculated to develope and strengthen them. It is a profound study, and one that has occupied the minds of anatomists, to discover the true method of training the muscular apparatus, so as to give an orderly and strong action, without doing violence to a single fibre. Health, longevity, and the ability of an individual easily and faithfully to perform the

various duties of life, essentially depend on the physical condition of his frame. Civilization groups men together in cities in the pursuit of employments that often abridge the freedom of the body; and it is the special object of this science, for such it is, to counteract, by a judicious course of training, the bad effects of sedentary habits, either in school, counting-room or manufacturing establishments. We cannot discuss all the advantages that are to be derived from a systematic course of instruction, under the guidance of a teacher like Dr. Hammersley. Those who have the opportunity of looking in at his institution, at Chapman Hall, will be compensated for the visit, by the amount of useful information gained by simply examining the facilities for accomplishing the objects contemplated.

*Maine School of Medicine.*—On Wednesday, Feb. 15th, the next annual course of lectures will commence at Brunswick. The names of the faculty are as familiar as household words, being gentlemen of celebrity in their various spheres of education, active, and accustomed to the labors and responsibilities which necessarily devolve on them. The lateness of the season at which the term opens, enables students to complete the lectures at other schools and then enter at this one. May the term be eminently successful.

*Medical Miscellany.*—Dr. Griscom's paper on Hospital Hygiene in the Transactions of the New York Academy of Medicine, is extremely valuable, and should be extensively circulated.—Dr. S. D. Brooks, of South Hadley, has been appointed, by the Governor and Council, Superintendent of the State Alms-house at Monson, near Palmer.—The New York Society for the Relief of Widows and Orphans of Medical Men, held its eleventh annual meeting, at the Crosby-Street Medical College, on Wednesday evening. The attendance was small. Dr. James Anderson presided. The following gentlemen were elected officers for the ensuing year:—President, Dr. Isaac Wood; Vice Presidents, James Anderson, G. P. Cammann, H. D. Bulkley; Treasurer, E. L. Beadle; Managers, O. White, J. Watson, E. Delafield, S. T. Hubbard, Thomas Ward, J. C. Bliss, A. C. Post. The number of managers is 21, seven of whom go out every year. The following named gentlemen were elected to fill vacancies:—J. M. Halstead, G. Carter and S. P. White. The receipts of the Society for the past year were \$15,238 27.—The smallpox is prevailing to a great extent in the Auburn State Prison—forty persons being down with it.

TO CORRESPONDENTS.—The following papers have been received:—On Drowning; On Irregular Gestation; Reply to Dr. Dyer on Homœopathy.

MARRIED,—M. G. Lofland, M.D., Milford, Penn., to Miss E. T. Davis.—Wm. H. Clusman, M.D., of Philadelphia, to Miss T. E. Clare.

DIED,—In New York, Dr. Maurice O. K. Reedy, 44.

*Deaths in Boston* for the week ending Saturday noon, Dec. 10th, 65. Males, 34.—females, 31. Accident, 1—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 2—burns and scalds, 1—consumption, 19—croup, 4—dropsy, 1—dropsy in the head, 2—infantile diseases, 7—typhus fever, 2—typhoid fever, 1—disease of the heart, 1—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 4—congestion of the lungs, 2—disease of the liver, 1—marasmus, 1—measles, 7—old age, 1—palsy, 1—teething, 1—unknown, 2.

Under 5 years, 28—between 5 and 20 years, 5—between 20 and 40 years, 23—between 40 and 60 years, 6—above 60 years, 3. Born in the United States, 47—Ireland, 12—British Provinces, 1—Scotland, 1—Germany, 1—Portugal, 1—England, 2. The above includes 10 deaths at the City Institutions.

*Medicated Butter.*—Butter, we have always thought, is not the poisonous and villainous compound some so strenuously insist upon. The only objection we have to it, is its price. But this does not concern the properties of which we intended to speak. It is composed, as every one knows, of the fat-globules of the milk, which is in fact, a transparent liquid, holding in suspension these numerous globules which rise to the surface when fresh milk is at rest. In churning, the membranes of the oil globules are ruptured, which latter then unite together and butter is formed. It seems most reasonable, therefore, that good butter should be eminently nutritious: that it might, used in proper quantities, act upon the system as does cod-liver oil, by restoring and building up the tissues, and thus be a very useful restorative, in degeneration of the structures, and tubercular formations. The only objection attending its abundant use is, that it is sometimes difficult of digestion. But why not have a medicated butter, and make sickness as much a luxury as possible? M. Trousseau suggests the following, as a very useful combination. Fresh butter, four ounces; iodide potassium, three-fourths grain; bromide of potassium, three grains; common salt, half ounce; to be used on *thin* slices of bread. We cannot testify personally to this mixture, but we would earnestly suggest the propriety of a liberal use of this nutritious substance, and a combination of appropriate medicinal agents with it.—*Iowa Medical Journal*.

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*Subnitrate of Bismuth in Cholera Infantum.*—The following treatment of *Cholera Infantum*, has been found very successful by some of the French physicians:—

Fomentations or warm cataplasms to abdomen; hot applications to the extremities; gum water and this mixture.—*R.* Subnitrate of bismuth and Gum dragon, 1 part each; Lettuce water, 120 parts; Simple syrup, 30 parts. *M. Dose*—Half a table-spoonful every half hour.

This simple mixture acts with decided promptness; suspends the vomiting; changes the color of the stools, from a thin whitish appearance to a dark bilious hue; reduces excitement, and allays all dangerous symptoms.—*N. Orleans Medical Journal*.

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*Creosote.*—M. Arendt (Froriep's Tagesberichte, Nos. 691 and 627), states that the great advantage he had derived from the use of creosote in asthma and bronchitis, an account of which he published in 1848, induced him to employ it in various other affections, especially of mucous membranes. In *chronic varicose ophthalmia* he found from one to three drops of creosote to one ounce of water a valuable collyrium, dropped into the eye several times daily. *Cardialgia*, and especially the idiopathic form in women, was speedily amenable to creosote, three drops in sugar water relieving the severest pain, a repetition in two or three hours being rarely required. *Leucorrhæa*, whether vaginal or uterine, even when very obstinate, often yielded in a few days to a lotion of two drops to the ounce, thrown in two or three times a day. So also three or four injections usually sufficed for the cure of *gleet*. In *menorrhagia* in non-pregnant women, and in some cases of hæmorrhage prior to delivery, due to *placenta prævia*, it has been found very useful. Indeed, it is a valuable hæmostatic agent, whenever the bleeding proceeds from small vessels, and especially those of mucous membranes. In some of these cases a more concentrated mixture is required, as ten to twenty drops to the ounce.—*British and Foreign Medico-Chirurgical Review*.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## SENSITIVE ATTRACTION.

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EVERY direction which plants, trees and vines take in their growth, is the effect of an attractive force exerted in three ways. The tall cedar which ascends in a perpendicular line to the height of seventy-five or a hundred feet ; the apple tree, in the open field, which spreads abroad its ample arms to the light and air ; the pumpkin vine, which strolls away from the garden into the grassy lot ; and the roots of all trees and plants, are directed in their course by an affinity which they have to other substances.

Living seeds, plants and vines are attracted by light, by water, and by objects for support. Experiments have already been detailed in a former article to illustrate the attractive force of light. One illustration more, however, from the vegetable world, may not be amiss. In the daytime, our trees grow in a direction opposite to that in which they point in the night ; or, in other words, trees on the opposite side of the globe grow in a direction opposite to ours. While ours are growing upward, trees in Japan are growing downward or in a line opposite to ours. At the distance of six thousand miles east or west of us, trees grow at right angles with ours. During one half of the globe's diurnal motion, the solar light acts upon the trees and plants on our side of it, and the other half upon those of the opposite side. The light proceeds from opposite directions ; or rather the trees, once in twenty-four hours, are presented to the direct rays of the sun, which determines the line in which they grow. In this respect nature may be imitated in several ways. Any young plant growing in a pot with a netting drawn over the soil, may be inverted and suspended in a south window by means of strings, while a paper curtain is let down to within four or five inches of the window seat, and a mirror placed so as to reflect the light directly upward upon the plant. At this season of the year, perhaps, the mirror may be raised on the inner side twenty degrees. No light should be admitted into the room from any other direction.

The affinity which vines and tendrils have for supporters is another mode by which the courses of plants are determined. Every planter knows that bean vines, in one way or other, reach with certainty the poles set for them to run upon, and ascend them in a spiral course.

The poles are, in general, set from one to four or five inches from the young plants. The young vines grow perfectly erect, like young trees, until a certain age, when they begin to *run*, as it is termed. What force changes the direction of the young bean stem and inclines it to the pole? If the vine moves only an inch or half an inch, it must be caused by some force. It may look as if it went spontaneously towards the pole; but is this the fact? Is it not a causable phenomenon, as much as if it were bent with the hand? If there is no pole, the vine runs upon the ground, and instead of twisting into a spiral form, often proceeds in a straight line among weeds or grass. In spite of wind, rain and dew, which would often incline the vine in a direction opposite to the pole, it still reaches it with certainty. Early in the season, before the summer solstice, the light inclines all young plants to the south; but in opposition to this force, the young bean is drawn to the erect pole. A higher degree of heat cannot be the agent which draws it to the pole, since it makes no difference whether the pole is a dry stick, or a green living tree which is cooler even than the air. There must, then, be a species of affinity, a fixed relation between the vine and the pole. Without a supporter, the slender stem, overcome by the weight above, bends to the ground, where the leaves put out only upon the upper side—the side towards the light. This is the case with all vines unless they run upon supporters.

Two hundred hills of beans were planted together, and at a proper season set with poles. On examination, very few of the plants touched the poles, but were distant from one to four or five inches; yet in a week or two they all reached the poles and began to perform their gyrations around them. Upon poles they ascend in a spiral course; but running upon the ground, they do not acquire this motion. The spiral course up the pole is produced by the action of two forces—light, and the affinity between the vine and pole. The attraction to the pole would wind it round horizontally like the thread upon a spool or the twisting of a tendril, while the light acting alone would carry it up in a straight line. The two forces combined effect the spiral course.

Convolute vines, or those which always entwine about objects or poles in one way, are probably most acted upon by the light in that direction; and revolute vines, or those which grow either way, are less acted upon by the light and more by the pole, or else one is most governed by the morning light and the other by that of the afternoon. By experiment, some plants are more effected by the morning light than others.

When rods or sticks are placed in contact with young growing tendrils, an affinity is very soon manifested between them. In most cases the tendril will begin to bend in four or five minutes, and, often, in fifteen minutes several turns will be taken by the tendril around the rod. This effect has been determined by a great many experiments at various times. A few trials upon squash vines will convince the slightest observer.

Thirty or forty squash hills were planted under a row of fir trees, and instead of running out to the light like erect plants, uniformly climbed the pendant limbs, where they had to rise from six to fifteen inches from the

ground. An ivy vine was seen to reach one foot from a wall in pursuit of a limb. A grape vine on the same wall was attracted eighteen inches by a pendant limb. In the summer time, instances of sensitive attraction, without number, may be witnessed in the growth of ivy vines upon old walls and fences. Stones in walls are often round, and the ivy vine will follow the circularity of the stone, where the action of light, if the stone were away, would draw it in an opposite direction or make it grow erect. On walls running north and south, where erect plants, as bushes, or young trees, would lean eastward or westward, drawn by the morning or afternoon light, ivy and other vines adhere to the wall and follow all the curvatures of the stones. The same may be seen upon wooden fences. They cling alike to rails which are drier than the earth and warmer than the air, and to green trees which are moister than the ground and cooler than the air.

The existence of this variety of attraction may be easily tested, by planting beans in pots or tubs placed in a room or chamber warmed and kept at  $68^{\circ}$  Fah., by coal or heated air, where they will be out of the reach of any other cause than the attraction of the pole or rod. If the rod is at one, two, three or four inches from the bean stem, the daily advancement of the bean towards the pole may be seen and marked. There are many mansion houses in all our cities so thoroughly warmed with heated air that string beans, green corn and cucumbers might be raised in the winter season, in sufficient quantity for the family use and to the great amusement of the children. Children love the sight of such things more than the choicest flowers. Allowing them to plant agricultural seeds in pots, tubs and boxes, they would be able to see some of the country in the town, and to acquire a little of that *sensual* knowledge from which a city life precludes so many. Nothing pleases young minds more than the germination of seeds and the early growth of plants. The green blades of young grasses are a grateful sight, particularly in the winter. If grass seeds are sown in pots and placed in windows, the blades as they spring up will all lean to the strongest light, and, by turning the pots, will be drawn back again in a day or two to the direction in which the light comes to them. In a south window, at this season of the year, the blades will lean to the south  $23^{\circ}$ .

The third mode in which sensitive attraction governs the direction of plants, is manifested in the relation which they hold to water. The relation which the roots of plants hold to water is the cause of their direction. If there is more water or moisture on one side of a tree or plant than on the other, the roots will be drawn to the watery side. If moisture lies deep, roots descend; if the surface of the ground is wet, they run near the surface. Clover, mullen and other plants, which remain green when other grasses and plants are dead and dry, have long roots and descend deep into the earth, where they find moisture. The roots of trees upon the banks of rivers grow principally upon the side towards the river. The ground may be ever so nutritious, but if there is no water to dissolve the nutriment and hold it in solution, plants do not grow, their roots imbibe nothing.

EXP. 1.—Some blades of grass in a pot were watered only on one

side, and it was found, on examination, that the roots all grew on that side.

2.—A common weed was set in another pot, to see if the roots would follow the water. In three weeks the roots were all found on the watered side of the pot. Chemical substances enlarge by accretion, but the roots of plants increase in size and length by the circulation of a nutritious fluid within. Nothing is added to the size or length of roots from without, all increase takes place from the nourishment of the sap; of course roots must be attracted to the moisture or water in the ground by an affinity to that substance. As plants enlarge entirely by a circulatory fluid within, all motion towards outward substances must be caused by some attracting power.

The root of a plant is a distinct organ from the stem, having a function of its own, like the lungs or liver of animals. When a root is educed from a stem or a stem from a root, a new organization takes place. This organization is caused by sensitive attraction. Water is organized by the affinity between the gases, oxygen and hydrogen. The mineral called felspar, is organized by a relation between siliceous, alumina and potash, its constituents. Nutritious water and sand or siliceous, in combination with a live willow shoot, produce a root, in the same manner as a combination of two gases produce water. Which gas is the germ in the organization of water, or which gives water its predominant characteristics? Which is the germ in felspar—the potash, siliceous or alumina? In compound substances, sometimes one constituent, and sometimes another, predominates or discovers most of its properties. Is this constituent, therefore, the germ? The form of a compound evidently emanates from the affinity between its constituents. In chemistry, chemical attraction is the organizing power, and, in the vegetable world, sensitive attraction is the organizing power. By chemical attraction, the chemist will yet no doubt organize felspar, mica, quartz, granite and slate, as he has already organized salt, pyrites and water.

From experiments detailed in a previous article, certain rules may be deduced for the arrangement of plants and trees in order to secure a more perfect growth; and although not entirely appropriate to a medical journal, it may be pardonable to give them from their connection with the main subject of the article.

1. To produce an ornamental or a fruit tree, it should be set at a determinate distance from other trees. If set near other trees, the light will be obstructed, it will be uncomely in appearance, deficient in limbs, and inclined to lean from an erect position. To grow mathematically erect, the light must shine equally upon all sides of it. In the central parts of a forest, the trees grow erect because the light falls equally upon all sides of the tops, which carries up the trunk perfectly erect. The lower limbs are all shaded alike, and die from want of light, so that the balance of the tree is preserved. But at the sides of a forest next the open land, trees lean more or less, and put out lower limbs only on the open side. The light is there unobstructed on one side.

If two trees, oaks, chesnuts, elms or maples, stand within two or three feet of each other in open land, they will invariably lean from each

other in opposite directions, and neither will be erect. They shade each other, and none or but few limbs are put out in the direction of either tree.

The best rule, doubtless, would be to make the distance between orchard or ornamental trees equal to the height to which such trees usually grow. No tree in an open field can be comely or beautiful unless it stands erect and its branches proceed equally from every side. It is essential, too, that all the limbs which emanate from the trunk, the lower as well as the upper, should live and expand. If trees are placed close to each other, the shade of one interferes with the growth of the other, and they become forest and not ornamental trees. Close together, apple trees grow tall and limbless like forest chesnuts, and bear only a little fruit at the top, like those chesnuts. In the open field, exposed on all sides to the light, the tree expands to its full size, becomes loaded in every part with fruit, and presents a sightly appearance.

Quince trees growing in clusters are hindered from a full expansion, are less productive, and their fruit smaller. Separated like apple trees, they become much larger and more fruitful. Currant bushes, separated in a similar way, are abundantly more prolific, both in quantity and quality of fruit. Separated, a blade of Indian corn will have an ear on each side, when if it stood in a hill with three other blades it would have but one, the rest growing to stalk. Even blades of grass grow larger and taller when standing alone.

2. The roots of trees, whether ornamental or fruit, are quite as much benefited by separation as the stems. In close contact, the roots of one take the nutriment from the other, and none attain to their full size. It would be another good rule to place plants distant from each other, the full length of their roots, or the length to which they usually grow. Some land is so rich that blades of wheat, rye and oats grow well as thick as they can stand; but, on land in general, the rule would hold good even with respect to these grains. With grasses it might not be profitable, if it were practicable. On poor land quite a crop of good grain might be obtained by an observance of this rule, where little or nothing is produced in the ordinary way. An ear of corn would often be produced instead of a mere stalk. Blades of rye or wheat standing alone produce large kernels of grain, when, if growing in a forest of other blades, the seeds will be small and shrunken. Too thickly sown, there will be a great interference both in respect to light and nourishment. The *profit* of sowing wheat, rye and other grains, in rows or drills, is a question which belongs to the art of agriculture.

*Providence, R. I., Dec. 10.*

SENSITIVUS.

## DROWNING.

[Communicated for the Boston Medical and Surgical Journal.]

FOR a long time the question has been asked, how long may a person remain under water without breathing and then be resuscitated? and the answer has been variously given. Cases have been reported where per-

sons have been resuscitated at the end of eight hours from the time they first went under water ; and other cases have been given where persons have been taken out from three to five minutes after going under the water, and yet life was not saved. Why is this difference in the ability to resuscitate persons ? Some will answer by saying that perhaps what was done for the patient was worse than nothing ; while others may say that the proper remedies were not to be had until it was too late to use them. There may be some truth in both answers, but I am strongly impressed that all of the circumstances in such cases are not known. We all know that the blood goes its round in not far from two minutes and a half ; so that if the lungs do not act for that time the blood must all become venous, and consequently poisonous for any other place than the veins, and the brain and the rest of the nervous system must be more or less paralyzed, and of course death is speedily the result. Other circumstances also in particular cases exist, that make death more speedily ensue ; such as drunkenness, when the brain is already poisoned more or less, and consequently needs very little additional poison to produce death. Age and ill health likewise, in many instances, have so enfeebled the nervous system that a much less shock is required to produce death than in a vigorous constitution. In children the circulation is more rapid than in adults, and consequently it would go the round much sooner, and so poison the brain in a proportionately less time.

How, then, it may be asked, are persons resuscitated after they have been in the water from fifteen minutes to several hours ? In the first place I will refer to the case of Andrew Ritter, a youth of 17 or 18 years old, who in an epileptic fit fell from a log into Elk River, last summer. He went directly to the bottom, in deep water, where he remained fifteen or twenty minutes before he was brought up. He in a few minutes recovered as from a regular fit. He had taken no water into his lungs. In Ritter's case all the functions of the system must have nearly been suspended during his stay under water, with just action enough left to keep life in him. Consequently he came to, as from a fit simply.

Now, if a person receives a blow before or during his fall into the water, sufficient to nearly suspend the functions of the system for a time, he may lay under water during that time without drowning. A shock sufficient to suspend nearly, or indeed quite, the whole powers of the brain, may be produced by fright, at the time of falling into the water, in which case the person would not drown during the time the functions of the system were suspended, which might be for a longer or shorter time. Such a shock to the system may be produced by numerous causes unknown to us ; and I think a more satisfactory explanation can be given of the Miss Griswold case, in the Norfolk tragedy, and of many others mentioned in the different journals, by the above view, than by any other that has been given (not denying that Miss Griswold would have died if nothing had been done for her). We have accounts of numerous cases in which persons have remained, from some cause, in a condition very much resembling death for a long time. Possibly the falling into water may produce this condition in some persons predisposed to it, and consequently *they* would not drown soon. The general im-

pression is, as far as I have learned, that experienced pearl divers can remain under water a very long time—how long I do not know. But one person, in noting the length of time the different pearl divers would remain under water, observed that none of them remained more than one minute and a quarter, and most of them not more than one minute.

Portsmouth, N. H., Dec., 1853.

N. L. FOLSOM.

#### THE MEDICAL EDUCATION OF WOMEN.

[THE following detached quotations relative to the study of medicine by females, are selected from the Introductory Lecture by Wm. M. Cornell, M.D., of this city, delivered to the class of the New England Female Medical College, November 2d, 1853.]

So far as I am concerned, and so far as I know the minds of the other lecturers in this School, there is no disposition to recommend any lady for the practice of the healing art, among women and children, until she shall have studied as long, and attended as many and as full courses of lectures, as are required of young men for graduation in the medical colleges of our land; and for one, I should be perfectly willing that the Counsellors of the Massachusetts Medical Society should be the Examining Committee of any applicant for graduation, and that their decision, upon the *medical qualifications* of such, should be final.

Nor do I apprehend that all the women in the land are about to study medicine. The course of three years' study is too long, and the expense too heavy, for many to undertake it; and the fact that those who do practise shall be *thus* qualified, will have a salutary effect in preventing those who have a mere smattering of information, from attempting to dabble with medicine. If any suppose that we wish, or intend, to encourage any females to practise who have not qualified themselves as above stated, they have mistaken our motives or not comprehended our plans.

The following opinions of eminent physicians, directly or impliedly, show the demand for female practitioners of medicine:—"Many of these maladies," says Dr. Meigs in his Treatise on the Diseases of Females, "are, in their beginning, of slight and trifling importance. Yet, by neglecting such affections in their rise, the whole constitution may at length come into sympathy with the deranged member of it; and the health, the usefulness, and so, the happiness or life of the mismanaged and misinformed female, are sacrificed." "All these evils," continues the same writer, "spring not from any want of competency in medicines or medical men, but from the delicacy of the relations existing between the sexes. I confess that I am proud to say that, in this country generally, certainly in many parts of it, there are women who prefer to suffer the extremity of danger and pain rather than waive those scruples of delicacy which prevent their maladies from being fully explored. I say it is an evidence of the dominion of a fine morality in our society; but, nevertheless, it is true that a greater candor on the part of the patient, and a more resolute and careful inquiry on that of the

practitioner, would scarcely fail to bring to light, in their early stages, the curable maladies, which, by faults on both sides, are now misunderstood, *because concealed*, and, consequently, mismanaged and rendered at last incurable.

"Can anything be done to obviate the perpetuity of this evil—one that has existed for ages? Is there any resource by means of which the amount of suffering endured by women affected with peculiar complaints may be greatly lessened?"

To these important questions of the learned Professor, we have a ready answer. Yes, something *can* be done. A remedy is easily found. It is in simply substituting an equally qualified *female* for a male physician. The remedy is perfectly natural, and we are endeavoring to meet the demand by a competent supply.

No man in this community better understands the science, or can better perform the duties of the medical profession, than Dr. John Ware, or is better skilled in the common courtesies of life. In his Introductory Lecture before the class of 1850-1, in the Harvard Medical School, in which he is a Professor, he writes as follows:

"I trust we should be among the last to oppose the entrance of women into any department of active life, in which she can secure to herself a useful and honorable position, and a full reward for her talents and services. None know so well as those of our profession, how heavy a share of the burdens, the trials, the responsibilities of life, fall to her lot, or wonder more at that mysterious arrangement by which the author of our being has assigned so unequal a destiny to the fairest and most tender of his creatures. But so we know it to be, and we should be the first to promote her introduction to any occupation which will afford her a fair portion of the pleasures, duties, rewards and honors of society—aye, to welcome her to our own, if it can prove for her advantage or happiness."

There are other physicians in this city, of no mean acquirements, and not wanting in skill, who give their warmest approbation to this enterprise. They only ask, what we propose to do, that these women shall have a full and thorough medical education.

The editor of the New York Medical Gazette, Dr. Reese, says, "We are in favor of the medical education of females, and heartily welcome them, as we do Elizabeth Blackwell, M.D., into the profession, when, like her, educated and qualified for its duties." He bears his testimony, as we do, against all kinds of quackery in the profession.

James Deane, M.D., of Greenfield, in this State, a medical gentleman of high standing in the profession, writes to the officers of this Society as follows:—

"The objects of the Female Medical Education Society meet my approbation, because, from an attentive consideration of the peculiar diseases of women, during a practice of twenty years, I have ever been of opinion that as a general thing, and especially as to diseases incident to parturition, these might with great propriety be committed to the management of their own sex."

William Workman, M.D., of Worcester, a physician of extensive prac-

tice, and former President of the Worcester District Medical Society, closes a letter to the Directors of the Female Medical Education Society as follows:—

“Finally, I will say, if your Society, either by a special college or otherwise, shall educate and introduce into practice, a class of female midwives and physicians of the character and accomplishments of Mmes. Boivin and Lachapelle, of Paris, or of Miss Blackwell, of New York, you will confer a benefit on society, and do honor to the medical profession; and I, for one, will most cheerfully bid you God speed.”

Of the *missionary* feature connected with the present plan of female medical education, we might fill a volume with quotations from men of the greatest eminence, in its commendation. This feature of it seems to be of great moment to the church and to the world. Some female missionaries have already been medically educated. One, a missionary among the Aborigines of our own country, attended a full course of medical lectures last winter.

We look to the 140,000,000 of India. Suppose a christian missionary goes there. He finds his way hedged up—they are jealous of his *religious* influence. Their wives and children are sick, and this missionary cannot see them. But, like one in the early gospel history, he has taken “Luke, the beloved physician,” with him in the person of his own wife. She understands the healing art. They, like all other barbarous people, wish to be restored to health. She restores them, and they look upon her as an angel of mercy. They listen to her, and through her to her husband. Is she not verily “an help meet for him”? Perhaps by no other means could so great “a door, and effectual, be opened” to him. Certainly by none so naturally and readily. Through the instrumentality of such means, we may yet hear these physically and morally healed idolaters exclaiming, “How beautiful are the feet of them who bring glad tidings of goods things”! who bring us bodily health through the medium by which spiritual life dawns!

We look into the dominions of the Sultan. He has lately exhibited signs in favor of human rights; but he venerates his prophet. He has his seraglios, and the missionary cannot pass their threshold. It is not so with woman. She can go and administer medicine to the sick, where her husband cannot enter. Through her medical knowledge, the key is found to the heart of many a son of the swarthy Turk, and, also, of the wandering Ishmaelite; and together they exclaim, “After all, these christian dogs do us good. They heal our sick; they save our dying. Some *good* thing does ‘come out of Nazareth.’ These christians have not horns and hoofs and such selfish hearts as we supposed. We will now hear about their *religion*.”

\*We turn to China, that oldest, greatest, and, in her own estimation, the only *celestial* empire of the world. She numbers 360,000,000; and though, by the wonder-working providence of God, her five great maritime gates are now set wide open to the christian minister, yet so jealous are they of his influence, that he cannot travel more than half a day’s journey into the empire, from any one of them. Suppose now the female missionary goes there, medically educated, with her husband.

Can we believe she could not go where he could not? Let her heal one child, one woman, and she would be *sent* for, to be carried in a grand palanquin or royal basket, where he would be prohibited admission.

A Chinese, like any other man, will pile "skin upon skin," silk upon silk, and tea upon tea, till he "gives all that he hath for his life."

It is in this way we expect to open the door of beneficence, of humanity, refinement, civilization and religion, to multitudes. Thus, the surgeon missionary, Grant, with his cataract needle; Dr. Parker, with his scalpel; and Gutzlaf, with his medicine chest; found admission to male barbarians through passes guarded by armies. Hence, Rev. H. G. O. Dwight, from Constantinople; Rev. Wm. J. Boone, missionary bishop at Shanghai, with other, both male and female, missionaries, now on heathen ground, have written, highly approving of this enterprise.

#### MEDICAL SPECIALTIES.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The remarks contained in a late number of your Journal, on the practice of medical specialties, I think may convey an erroneous impression in regard to the views generally entertained by the profession on that subject. Has it ever been urged that devotion to study and practice in *one department* was incompatible either with professional honor or ability—it being conceded that a knowledge of the whole circle of medical science is indispensable to excellence in any of its subdivisions? The only considerable encouragement for the practice of specialties, with few exceptions, must be furnished in our large cities, where it is a common custom, among country practitioners, to send obscure and intractable cases, for advice. On such occasions, the inquiry, both of physician and patient, is, *who* is most distinguished for knowledge and skill in the *department* to which the *case* belongs?

What may have been the character of the comments of "one medical journal, on several eminent professional gentlemen of Boston," I know not, for I have not seen them; but I have seen *manifestoes*, setting forth the skill of the advertisers in specialties, under the signature of men purporting to be professional gentlemen, and who were known to be doctors of medicine, by the authority of medical colleges, in terms which might rival the audacious absurdities of that prince of mountebanks, S. S. F—, of New York. And he, too, I have been told, is Doctor of Medicine! No journal of medicine, surely, should be censured for condemning and repudiating *such* men.

If I understand the opinions and temper of the profession on that subject, it is ready to admit and appreciate the claims of all who, with the requisite amount of general knowledge, have concentrated their labor on one department; while it is justly jealous of all violations of professional decorum, in the manner of publishing or enforcing these claims. It simply demands of such the observance of the same professional decencies that are *exacted* of the general practitioner.

*St. Albans, Vt., Dec. 16, 1853.*

J. L. CHANDLER.

## MILK FROM SPAYED COWS.

BY J. U. HECKERMAN, TIFFIN CITY, OHIO.

EXCEPT bread alone, there is perhaps no article that enters so largely into the consumption of man, as that of milk. As food and drink, it is extensively consumed by the adult portion of our race, it constitutes the exclusive nourishment of nine tenths of all children under twelve months, and forms the chief diet of the remaining one tenth.

The chemical and medical properties of milk have long been made the subject of scientific investigation, and long has the writer in vain looked for something from the pen of a senior observer on the point to which he now wishes to direct attention.

It has ever been a desideratum in the rearing of children who are denied the breast of a mother or nurse, to procure milk from an animal in which it approaches nearest to that of the human female, and which shall uniformly have the same constituent properties.

In looking over the tables which are given of the constituents of milk, we seldom meet two authors who agree in their observations; indeed so great are the discrepancies, that they only serve to confound us in confusion. This circumstance can be accounted for by the different animals experimented upon, the season of the year, the character of the food afforded, and the period of pregnancy or non-pregnancy of the animals at the time of the experiments. Taking the cow, we find that exercise and food among other things greatly affect the quality of the milk. The milk of cows kept in the byre contains a larger amount of butyrene than is afforded by animals running at large, while the milk of the latter abounds more in caseine. So great, indeed, is the influence of food upon the secretions, that when cows are fed upon bitter or strong smelling grass or herbs, the taste and smell of such grass is imparted to the milk.

Milk, we have already said, forms the chief diet of that unfortunate class of infants, who are reared by dry nursing, and it is estimated that three fourths of these die; indeed, it has been said that, in London, this mortality amounts to seven-eighths of the whole number. Be this as it may, we do know the mortality to be very great, sufficiently so at least to demand the earnest attention of every physician.

Standard authors direct children who are thus reared, or who have been early weaned from the breast, to be supported upon milk largely diluted by water, and sugar, without, however, any reference to the condition of the animal from which the milk is derived. This we hold to be a serious defect, to be especially so considered, when the remedy is at hand, yet seldom or never used, for lack of information upon the subject.

Lasaigne found that the milk of cows far advanced in pregnancy, contains, neither caseine, sugar of milk or lactic acid, but abounded in albumen and uncombined soda; while from the same animal shortly after parturition, the three first-named substances were found, and albumen was entirely absent.

It is now the received opinion, that upon the accession of pregnancy, a woman should no longer furnish nourishment to a former child, and

that such continuance proves detrimental to the health of both parties. These views are confirmed by experience, and by the habits of inferior animals.

If the milk of a pregnant woman afford improper nutriment to a child, surely the same fluid from a cow, in like condition, cannot be proper. Remembering, then, that cows, on an average, are pregnant three fourths of the whole year, the inference must be that the milk ordinarily derived from these animals, is not of a proper character to constitute the diet of infants.

With a view to remedy this universally-existing evil, I would suggest to the profession, the propriety of having milch cows spayed, in order to procure milk of a uniform consistency. The act of spaying is performed with facility, and is unattended with danger, the only precaution necessary being, that no food be given for twelve to eighteen hours, and the milk drawn immediately before the operation; the animal becomes kindly disposed, is easily kept, will yield better, and a larger amount of milk in a given time, and is with great ease brought into a marketable condition.

The steps of the operation upon the cow, are the same as upon the calf or the sow, except that it is important to place her upon the right side, unless the operator be left-handed. The best time for operating is about four weeks after parturition, as the future amount of milk will depend upon the quantity given at the time of the operation. For some weeks after, the secretion of milk will be small, but will gradually increase until the amount previously given is furnished, which we have known continued without interruption (of course less in winter than in summer) for the space of ten years.

It is not expected that every father can be circumstanced to keep a cow for the accommodation of his child; but if physicians were to direct the attention of those who do keep cows, to the above facts, it would be found advantageous to keep the spayed instead of the ordinary animal, and the proprietors of milk-furnishing dairies would readily furnish the supply, if the demand was made. The facts above briefly stated, we think of sufficient importance to claim the attention of every medical practitioner, as furnishing him the means of preventing much suffering on the part of advanced infancy, and saving the domestic idol in the circles of many grateful friends.—*Western Lancet.*

#### EXTENSIVE DISEASE OF THE EAR AND BONES OF THE HEAD.

MR. PART related to the North London Medical Society the case of a clergyman, 25 years of age, who, for a period of five years, had suffered from purulent discharge from the right ear, attended occasionally with great pain, coming suddenly to a fatal termination without the extent of mischief having been suspected. The patient, who was born in India of English parents, came to England when about eight years of age, had always been well fed and clothed, and had never been subjected to mercurial treatment, having led a very regular life. He had lost a

brother and sister from scrofulous diseases. About five years before his death, after taking cold and having two severe falls on his head about the same time, he was attacked with acute pain in the ear, followed by a copious offensive puriform discharge from the meatus, accompanied by loss of hearing. He consulted several eminent aurists for this affection, but did not derive any benefit from the treatment recommended. In the summer of 1849, he consulted Mr. Pilcher, who kindly allowed Mr. Part to see his notes of the case, which he pronounced to be acute otitis, with fungus of the right meatus. Under the care of this gentleman he improved considerably in health, but was constantly taking cold and suffering from a recurrence of his symptoms. He then became subject to fits of giddiness, in which he usually fell down; these were succeeded by vomiting and great pain in the ear and head. A year since, two small glands behind the ear began to enlarge, and ultimately suppurated; since remaining, fistulous openings, discharging freely at times, when that from the ear diminished, and increasing when the latter subsided. He was compelled at this time to give up his clerical duties. During the last year he has taken sarsaparilla and iodine. When Mr. Part first saw the patient, on the 19th of July, 1852, he was suffering from severe pain in the head, greatest at the back; vomiting; inability to move without excessive pain; and could only lie with the head perfectly horizontal to the body. The countenance heavy, and not symmetrical; partial ptosis, and turning up of the eyeballs; slight squinting, and the right angle of the mouth drawn up. There was a swelling in front of the right ear, extending nearly to the margin of the orbit, great tenderness of the concha, with copious puriform discharge from the external meatus. Behind this, two fistulous openings communicating with one another; skin cool, except on the forehead, which was very hot; hands and feet cool; pulse 68 and full; tongue coated, protruded towards the right side; considerable thirst; bowels constipated, had not acted for three days; urine scanty and high colored, with hesitation in passing it; answered slowly and imperfectly; manners strange, morose and inconsistent. By acting on the bowels freely, and the administration of saline diaphoretics, a certain amount of amendment was obtained, which continued up to the 25th, six days from the time he was first seen by Mr. Part. As he had passed restless nights, suffering great pain, muriate of morphia was administered at night, which secured him sleep. On the 23d, as he was suffering intense pain, a large blister was applied to the nape of the neck, which gave great relief to the pain in the head. From the 25th the patient gradually became worse; he grew restless, continually desiring to change his room; his speech and deglutition became more and more impaired; he had difficulty in micturating, and at last complete retention, requiring the introduction of the catheter. The swelling in front of the ear having increased in size, an opening was made into it by Mr. B. Cooper, who was called in with Dr. Babington, but only a small quantity of pus was evacuated. The pain in the head and ear now became more severe, and the tongue more coated. There was now difficulty in rousing him. He could not be moved, and the evacuations were passed involuntarily in bed. On the 2d of August slight

tetanic symptoms set in, the erector muscles of the spine assumed a state of opisthotonos, and he died on the morning of the 3d of August, at 4, A.M.

*Post-mortem Examination, eight Hours after Death.*—On cutting through the integuments on the swelling in front of the ear a cavity as large as a hazelnut was met with, and communicating with this was another beneath the temporal muscle, as large as a walnut. Both were filled with a soft, cheesy substance. A probe passed into the cavity struck against the dura mater lining the squamous bone. On opening the head the dura mater was found greatly injected outside, and pink within, and was entire and adherent over the whole surface of the temporal bone within the cavity of the skull, but thickened in the right middle lateral fossa. When it was removed, the whole of the petrous bone, the basilar process of the occipital as far back as the posterior third of the foramen ovale, and the larger wing of the sphenoid, extending onwards to the middle line of the skull, were ascertained to be degenerated into a soft, cheesy mass, similar to that contained in the cavities above mentioned. A probe entering the opening behind the ear passed easily until it appeared in the foramen ovale, and another passed into the meatus appeared completely through the petrous bone. The malar bone was entirely destroyed, and the mastoid process of the temporal was also completely occupied by disease. The ventricles contained three ounces of bloody serum; arachnoid much injected, and between it and the pia mater was a layer of very yellow pus extending along the base of the brain, greatest in quantity on the anterior surface of the medulla oblongata, and extending down in front of the medulla spinalis as far as a view could be obtained. In the middle lobe of the brain was an abscess containing upwards of an ounce of very fetid greenish pus, and a second abscess existed in the middle of the posterior lobe, containing a similar kind of pus. The section of the cerebral substance presented an unusual number of bloody points. No similar deposition was found elsewhere in the body. Mr. Part then alluded to a paper by Mr. Toynbee, read before the Medico-Chirurgical Society in 1851, recording 41 cases of fatal cerebral disease, originating in disease of the tympanic cavity, in most of which discharge from the external meatus had for many years been almost the only symptom. He then made an analysis of the symptoms and morbid states found in those cases, comparing them with those in the case under notice, and concluded by calling the attention of the Society to the importance of attending to cases of this description in the early stages, when the discharge, often unattended with pain, is the only symptom which the surgeon or physician has to guide him.—*London Lancet.*

#### CASE OF PHLEGMASIA DOLENS.

DR. M'CLINTOCK read a communication to the Dublin Obstetrical Society upon phlegmasia dolens, as a disease of women *not* in a puerperal state. After a brief historical sketch of the notices by Puzos, Willan, Lee,

Copeland, Meigs and others, of this disease under the circumstances just mentioned, he proceeded to narrate an instance of the kind that had fallen within his own knowledge.

The case differed from those related by any of the above authors in its purely idiopathic character. The possibility of any chronic uterine disease having existed was not admissible, neither had there been anything like symptoms of metritis, nor yet was the crural attack preceded by sudden suppression of the catamenia.

The subject of the case was a young lady, aged 18, who had been for some time under treatment for scanty menstruation and symptoms of incipient chlorosis, consequent upon a change of residence from the country to town. One evening in autumn, whilst the menses were present—though as usual in small quantity—she stood for nearly two hours together on damp grass. On the following morning she felt the right leg rather stiff and painful; towards evening it grew worse and began to swell. Two or three days were passed over before alarm was excited or any treatment adopted, and by this time the symptoms had become fully developed. The pulse was 120; the right leg was swollen, tense, and free from discoloration; no pitting on pressure; not much pain complained of, unless the limb was moved or handled; marked tenderness in the groin, over the femoral vessels. The line of treatment pursued was the same as that usually employed for phlegmasia dolens, and consisted in the application of leeches over the femoral vessels in Scarpa's space, constant stuping of the entire limb, absolute rest, and low diet. Under this management the acute symptoms subsided in the course of a week. One relapse took place, which necessitated a recourse to the antiphlogistic treatment, and considerably retarded her convalescence; after this was subdued, some stiffness, and enlargement of the leg from the knee down, still remained, and continued for very many months, in spite of bandaging, frictions, &c. These symptoms were always increased towards evening, or after much walking or standing. Nearly eight months elapsed before the limb had so far recovered its former state and condition that she could use it in the ordinary movements of progression without feeling any pain or inconvenience.

In conclusion the author remarked that in this case the existence of chlorosis, which is universally held to be a blood disease, tended to confirm the views of Dr. M'Kenzie in regard to the etiology of phlegmasia dolens, that physician being of opinion that vitiation of the blood has much to do with its production.—*Dublin Quar. Jour. of Med. Science.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, DECEMBER 21, 1853.

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*Editorial Changes.*—Drs. Francis G. Smith and John B. Biddle, who have long had the editorial management of the Philadelphia "Medical Examiner," finish their labors with the volume just brought to a close, and

their "valedictory" is given in the last number. The work has been ably conducted while under their charge, and all must acknowledge that eminent success has attended the endeavor which they say has been made in its pages to "maintain the rights and honor of the profession, and to advance the great objects of medical science." Dr. Samuel L. Hollingsworth is to succeed them as editor. We hope his career will be as honorable to himself and as useful to others as that of his predecessors. Will he please to see, in his monthly published list of exchanges, that the Boston Medical Journal is no longer deprived, by the omission of its name, of the credit of an exchange with the Examiner?

Dr. James B. McGaw, of Richmond, is hereafter to be associated with Dr. George A. Otis in conducting the Virginia Medical and Surgical Journal. This work already takes a high stand as a periodical; it makes a handsome appearance, and is in every respect creditable to all concerned in its publication. The last number contains a just but severe criticism of the motives which originated the proposed plan of a "State Medical Journal" in Virginia, and a prediction as regards the Medical Society who are to control it, and the work itself. For the former the writer predicts "annihilation," and the latter he thinks will prove an "abortion."

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*Dr. Eve's Introductory.*—Among the accumulations from the Post Office, in the course of the last week or two, is an introductory lecture by Paul F. Eve, M.D., of the Surgical chair in the University of Nashville, Tennessee. Dr. E. is extensively known as a prominent professional man, and also for his literary industry. The discourse is distinguished for a free style of expression and for the manifestation of a devotedness to the honor and high interests of the department in which the author is an eminent professor. Some of his antiquarian researches touching the ancient process of embalming, and his familiar acquaintance with the history of the fathers of medicine, are particularly bright points. Plain common-sense views of the action of remedies, the duties of physicians and surgeons, as well as various useful suggestions and wise intimations, give great value to this lecture, which is a good specimen of the man, and a proud exhibition, for his many personal friends, of the power at his command.

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*Fibro-Bronchitis and Rheumatic Pneumonia.*—A treatise on the "Etiology, Pathology and Treatment of Fibro-Bronchitis and Rheumatic Pneumonia," by Thomas H. Buckler, M.D., &c., of Baltimore, has been published by Messrs. Blanchard & Lea, of Philadelphia. It strikes us as being a useful book. The dissertation was rejected by a committee of the American Medical Association, whose appropriate function it was to examine voluntary communications. However, their decision is by no means an excommunication. Dr. Buckler appeals, by the publication, directly to the profession, by whom, it is not improbable he may be received with acclamation. At the conclusion of 28 pages, is another paper devoted to the vascular mechanism of the pulmonary circulation, which is well written, but not new. In treating of the *rheumatic element*, research is exhibited, creditable to the author as a medical scholar. From the 55th page, the remainder of the volume is taken up with illustrative cases. An index would have been very serviceable, to aid the reader in referring to the pages where prominent and important matters and things are recorded. Notwithstanding this defect, a plain statement is given of the condition of a patient from

the inception or development of the disease, to its disappearance, and this is the really true way of instruction in medicine. One circumstantially described case is better than a hundred suppositions or theoretical speculations. Towards the conclusion, the treatment of fibro-bronchitis becomes a distinct consideration. It is the part about which practitioners will most disagree. However, if all are open to conviction, or willing to test the experience of others, investigations of an interesting character may have their rise from Dr. Buckler's suggestions. Copies are on sale at Ticknor & Co.'s, Boston.

*Zymotic Theory of Essential Fevers, &c.*—The Ohio State Medical Prize Essay, by Samuel G. Armor, M.D., has been already mentioned in the Journal, and a very acceptable dissertation it is. Many curious facts are cited in it, showing how diseased animal matter, by being introduced into the circulating system, re-produces the malady; and our author next proceeds to ask the question—"may we not, then, infer from these facts, that the blood is the hot-bed in which many malignant diseases are propagated, whether by ova, parasites, cell germs or zymotic action?" The evidence adduced to prove the truth of his proposition, that the blood is the medium through which the poison is conducted onward, indicates a great amount of reading, and the manner of arranging it shows a mind adapted to the proper construction of an argument.

Dr. Golding Bird's experiments are made use of, appropriately, to sustain his position, and as we proceed, the reader is impressed with the strength and clearness of Dr. Armor's powers of investigation. On that barren, unprofitable topic, medical theories, it is quite unnecessary to dwell. Dr. Armor seems to have dropped it willingly, just as he began to reflect upon the impossibility of satisfying himself or any one else.

*Pulmonary Tuberculosis.*—John Hughes Bennett, M.D., Professor of the Institutes of Medicine in the University of Edinburgh, has written a volume, which has been recently published in that city, and is dedicated to the celebrated P. C. A. Louis, of Paris, on the "Pathology and Treatment of Pulmonary Tuberculosis." A copy has been received at this office, but we apprehend that the profession will find it quite difficult to obtain the work, until it is reprinted here, which we suppose must soon be done—coming as it does from the pen of one so distinguished as Dr. Bennett. The contents embrace four chapters, which cover the whole ground of the subject.—I. Histology of tubercle; its nature; natural progress of tubercular exudation; tendency to ulceration; modes of arrest, &c.—II. The general treatment; methods of administering fatty substances; climate, exercise and diet.—III. The special treatment; cough, expectoration, loss of appetite, anorexia, nausea, vomiting, diarrhoea, hæmoptysis, sweating, febrile symptoms, debility, despondency, anxiety, and illustrative cases.—IV. Observations on the use of local applications to the pharyngeal and laryngeal diseases which are frequently mistaken for or associated with pulmonary tubercles, &c. Throughout, the treatise is a clear and satisfactory examination of the systems of medication which have resulted in *benefiting* the patient. This is what is wanted. Long and solemn dissertations on supposable conditions of the pulmonary organs, interlarded with copious theoretical speculations on what might or might not be serviceable, are of little use to those who are called upon to prescribe in this complaint. An exact

knowledge of the state of the lungs in a given case, based upon a full understanding of all the varying symptoms which have been detected by careful observation, together with an equal familiarity with the remedies, climatic influences, &c., which may in general operate either favorably or unfavorably, must be first possessed, and then the physician can act with promptness. It seems to be the purpose of Dr. Bennett to place in the hands of his readers the most reliable kind of information. He speaks well of Dr. Horace Greene, of New York. Interspersed through the leaves, are some very good illustrations on wood, which increase the interest belonging to the text. By this treatise Dr. Bennett has elevated his already commanding position. He has long been known as one who has contributed largely to the medical literature of the age, especially on the nature and treatment of consumption.

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*Vermont Asylum for the Insane.*—By the seventeenth report of the Trustees and Medical Superintendent of this Asylum, the public discover how well the institution is conducted. Dr. Rockwell is familiar with the responsibilities of his station, and the Legislature of the State acts wisely in carrying out his suggestions whenever they are made. In the last five years, 510 patients have had the benefit of the Asylum. Improvements are constantly being made, and a liberal, progressive policy has characterized the doings of the Trustees. It should be so; and every improvement and comfort which it is within the scope of their ability to provide for the unfortunate beings who tenant the institution, is demanded by the public sentiment, wherever these blessed charities exist. Dr. Rockwell, in the special communication bearing his name in the report, is not wordy, but judicious, and it will be read with interest by professional gentlemen as well as all others who are well wishers to afflicted humanity. The number of patients remaining August 1, 1852, was 351. Admitted during the past year, 159. Discharged in the meantime, 138—and there remained August 1, 1853, 373. Since the first opening of the hospital, 2066 patients have been received, and 1694 discharged.

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*Winter Diseases—City Mortality.*—Besides the usual amount of lung complaints, which are always more rife at this season of the year, rheumatic and neuralgic affections are now quite prevalent, and as frequently among the young and vigorous as the aged and infirm. Whether these complaints are really on the increase, has not been determined. But it is believed that the climate, fickle as it is, is not wholly chargeable with their production. Warm apartments—too warm in fact—and the sudden changes in temperature by going from an over-heated drawing-room, office or counting-house, to the open air, without proper attention to dress, are important agents in causing these troublesome difficulties, which sometimes long cling to the muscles and joints. Fewer females than males are attacked in this manner, and their exemption is presumed to be referable to their in-door habits, or rather to less frequent exposures of the kind mentioned.

By reference to our weekly bill of mortality, it will be seen that in Boston the number of deaths was unusually large the past week. This increase, however, has not extended back in the season beyond the week, as the mortality for four preceding weeks has hardly reached the average for the last five years, allowing for the increase of population. The weekly

average for those years, during the month of December, has been about 73, and has varied but little each year. There has been an increase, however, in the fatality of certain diseases the present season—particularly measles and consumption. The former has prevailed as an epidemic at this season, since 1847, only in 1850 and the present year. In 1850 the deaths from the disease for five weeks were 24; the present year, during the last five weeks, 40. In 1848, '49, '51 and '52, the whole number of deaths by measles for the four years during the five corresponding weeks, was only six. The per centage of deaths by consumption, compared with the whole number of deaths, for six years, taking five weeks including all of December in the five first years, and ending last Saturday the present year, is as follows:—In 1848, 14.20 per cent. In 1849, 18.26 per cent. In 1850, 20.51 per cent. In 1851, 20.22 per cent. In 1852, 16.58 per cent. In 1853, 20.85 per cent.—The total mortality for the present year, now near its close, is likely to be much larger in Boston than that of last year.

*Dr. March on Morbus Coxarius.*—In the Journal for Nov. 30, we referred to Dr. March's Essay on Hip-disease. We understand it is Dr. M.'s intention to continue his investigations on this subject, and to present a paper at the next meeting of the national Association on the diagnosis and general treatment of the disease. The two essays, together with engravings of morbid specimens of the hip-joint, the drawings of some of which are already executed, will constitute a monograph on this important subject worthy of all confidence.

*Transactions of the American Medical Association.*—We understand that the efforts made by the Publishing Committee and the gentlemen named in the Journal of Nov. 23d, together with the low price of the volume there mentioned, have greatly increased its circulation. In Connecticut alone, including twenty permanent members who have paid their assessment, the list of subscribers now numbers 93. We are glad to be able to record this success, and hope it will continue.

*Bellevue Hospital.*—Dr. Willard Parker has resigned the place of visiting surgeon to the Bellevue Hospital, New York, and Dr. Lewis A. Sayre has been appointed to fill the vacancy.

TO CORRESPONDENTS.—Papers from Dr. Slade on Involuntary Seminal Discharges, Dr. Rodgers on Empiricism, and Dr. Chandler on Medical Philanthropy, have been received.—We shall be happy to receive a report of the case alluded to by our friend in Baltimore.

DIED.—At New York, Thomas G. Mower, M.D., U. S. Navy.—At St. Johnsbury, Vt., Dec. 11, Dr. Calvin Jewett, aged 71.—At Wrentham, Dr. Paul R. Metcalf, 78.

*Deaths in Boston* for the week ending Saturday noon, Dec. 17th, 102. Males, 50—females, 52. Inflammation of the bowels, 3—inflammation of the brain, 2—disease of the brain, 1—consumption, 21—convulsions, 2—croup, 6—cyanosis, 1—diarrhoea, 1—dropsy, 2—dropsy in the head, 3—infantile diseases, 3—puerperal, 2—erysipelas, 1—typhus fever, 2—typhoid fever, 1—scarlet fever, 3—fracture, 1—hemorrhage, 1—homicide, 1—disease of the heart, 4—hemorrhoids, 1—inflammation of the lungs, 8—marasmus, 1—measles, 15—mortification, 1—old age, 2—pleurisy, 2—palsy, 1—peritonitis, 1—inflammation of the stomach, 1—scurvy, 1—smallpox, 1—teething, 1—thrush, 4—disease of the throat, 1.

Under 5 years, 50—between 5 and 20 years, 6—between 20 and 40 years, 29—between 40 and 60 years, 6—above 60 years, 11. Born in the United States, 78—Ireland, 12—British Provinces, 4—England, 2—Scotland, 2—Germany, 1—France, 1—India, 1—Sweden, 1. The above includes 9 deaths at the City Institutions.

*American Medical Association.*—The Seventh Annual Meeting of the American Medical Association will be held in the city of St. Louis on Tuesday, May 2d, 1854.

The Secretaries of all Societies and all other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed*—and it is earnestly desired that the appointments be made at as early a period as possible.

The following are extracts from Article 2d of the Constitution:—

"Each Local Society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The Faculty of every regularly organized Medical College or chartered School of Medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal Hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized Medical Institution of good standing, shall have the privilege of sending one delegate."

"Delegates representing the medical staffs of the United States Army and Navy, shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the Army and Navy, was adopted as an amendment to the Constitution at the last meeting of the Association, held in New York, in May, 1853. E. S. LEMOINE,

*One of the Secretaries, St. Louis.*

The Medical Press of the United States is respectfully requested to copy the foregoing.

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*Health of London during the week ending Saturday, November 19.*—The mortality for the last week shows but a small reduction on the previous return, which was rather high. In the week that ended on Saturday, the number of deaths registered in London was 1162. In the ten corresponding weeks of the years 1843–52 the average number was 1023, which, if raised in proportion to increase of population, becomes 1125. Therefore the actual mortality somewhat exceeded the estimated amount. It is satisfactory to perceive that the mortality from cholera was not so great as in the four previous weeks, the number of deaths having fallen to 72, while that from diarrhœa was only 36. In the three weeks of November cholera carried off 102, 98, and 72 persons. The mean weekly temperature, which rose so high as 55·5° in the last week of October, declined in the two subsequent weeks to 48·9° and 45·7°, and last week fell so low as 38·5. Of last week's deaths from cholera, 5 occurred in the West Districts, 11 in the North, 3 in the Central, 20 in the East, and 33 in the districts on the South side of the river.—At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·723 in. The dew-point temperature was 36·2°.

Last week the births of 814 boys and 747 girls, in all 1561 children, were registered in London. The average number in eight corresponding weeks of the years 1845–52 was 1356.—*London Lancet.*

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*Frightful Sickness amongst the Russian Troops.*—At Bucharest, the hospital is full of sick soldiers; and, in addition to the barracks, twenty-three houses are converted into receptacles for the sick, of whom forty wagon-loads arrived from the camp.—*lb.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## INVOLUNTARY SEMINAL DISCHARGES.

EXTRACTS FROM A PAPER READ BEFORE THE BOSTON SOCIETY FOR MEDICAL  
OBSERVATION.

[Communicated for the Boston Medical and Surgical Journal.]

WE may venture to say that there is not a medical practitioner among us, who is not sometimes consulted by individuals who suppose themselves to be suffering both mental and bodily derangement from involuntary seminal discharges, occurring more or less frequently. In the great majority of these cases, it is found that these discharges occur during the night, whilst the individual is asleep, and that they are preceded by erections excited during lascivious dreams. Cases of this description are extremely common, and are generally classed by medical practitioners and writers under the term spermatorrhœa. Our object in preparing the present article, is to attempt to show that these cases, as they are commonly presented to our notice, do not merit the importance which has been given them, and that they should be considered as entirely separate and distinct from what may be strictly termed spermatorrhœa (although they may sometimes lead to this), an affection, which, as described by medical authors, we conceive to be extremely rare among us. Sufficient, it is true, has been written upon spermatorrhœa, but the exaggerated descriptions therein given do not answer to the cases of simple involuntary seminal emissions which are so often presented to the notice of the practitioner here, and which he is called upon to treat.

We fully agree with Robley Dunglison, who has written a most practical and sensible article upon the present subject, in the *Cyclopædia of Practical Medicine*, that there can be no greater evil to the economy from a flow of semen accompanied by venereal desire without sexual intercourse, than with it. There can be no doubt that an excessive secretion of semen, in whatever way it may be induced, may have an injurious effect upon the system, but we cannot for a moment believe in the long category of complaints which have been attributed to this as a cause.

Involuntary seminal discharges occurring during sleep in young, robust and continent subjects, constitute a class of cases which are almost daily presented to our notice. It is very rare, in fact, judging from our ex-

perience, to meet with a young man of vigorous health who does not experience these emissions more or less frequently, particularly if he be continent. And why, we ask, should this be considered as constituting a morbid condition, or as contrary to the laws of nature?

The secretion of semen, although it is, like other secretions, very much under the control of the nervous system, and therefore increased according as the mind is directed towards objects which awaken sexual feelings, must still in a measure be constantly going on under all circumstances. Consequently the presence of an undue amount of sperm in the vesiculæ seminales (which are truly reservoirs according to the best authorities of the present day), if not got rid of by sexual intercourse, must produce an excitement in those organs during sleep, which excitement is appreciated by the brain giving rise to voluptuous dreams, during which the seminal discharges take place. Even granting the opinions entertained by many physiologists, that absorption of the semen takes place, and that it is necessary for the regular maintenance of nearly all our functions, yet we may easily suppose that this absorption is not the same under all circumstances, and that the supply may exceed the demand, particularly in the young, robust and continent individual.

We can scarcely, then, consider moderate involuntary seminal discharges, occurring during sleep, accompanied by lascivious dreams and erections, as constituting a morbid condition. In proof of this, we may say, that there are many individuals who have had even frequent seminal emissions for a long period without experiencing the slightest inconvenience from them, and without ever even giving them a passing thought, until their eyes fell upon the advertisement of some empiric who has set forth the horrors and dangers to be expected from a similar condition. But from this moment there is no more rest for these poor beings, who constitute a class, which, with Ricord, we may term "veritable spermaphobists, men who are tormented, hypochondriacal, dejected, and in whom the cauterization of the neck of the bladder does not always succeed in curing the brain."

It may be asked, then, to what extent these seminal discharges may take place without actually producing any morbid effects upon the system. In answer, we must say, that this depends upon circumstances, upon the peculiar temperament of the individual, upon his diathesis, &c. In the healthy and continent subject, we again remark that they exert a beneficial effect upon the economy, by freeing it from a source of excitement, and that unless they occur more than once in a night and oftener than once or twice a week, they can scarcely be said to constitute a pathological condition. We have seen patients who have actually thrived and grown stout and hearty, in whom these discharges occurred almost every night.

What the pathological condition of the vesiculæ seminales and of the ejaculatory ducts may be in this class of cases, we have comparatively few means of judging. When a patient dies, in whom these discharges have taken place, the attention at the autopsy is drawn to some other more serious affection, which has been the cause of death, so that the examination of the spermatic organs is almost always neglected. Even

in the severest forms of *spermatorrhœa*, few observations have been made upon the condition of these organs after death, owing chiefly to the amount of care and patience necessary, and to the mutilation requisite to arrive at a proper inspection of the parts, which we cannot well make upon a subject in private practice; and such cases rarely die in hospitals. Where examinations have been made, however, more or less sub-acute inflammation has been discovered in the membranous and prostatic portions of the urethra, and in the ejaculatory ducts—the result, generally speaking, of lesions produced by excessive venery, or masturbation. This is what we might expect.

Involuntary seminal emissions may and do occur in the robust and continent, without any decided cause beyond what we have stated, viz., a certain plethora of the seminal vesicles; but in the majority of cases, upon inquiry we *do* find that their too frequent occurrence is attributable to masturbation, to excessive sexual indulgence, or to effects produced by gonorrhœa—and occasionally to strictures of the urethra. We are inclined to doubt the efficacy of certain other causes which have been supposed to be productive of these discharges, such as the metastasis of old cutaneous eruptions, hemorrhoids, ascariides, horse-exercise, and the use of certain medicaments, unless there is also present a certain amount of morbid irritability in the urethra.

The general effects ascribed to even moderate involuntary emissions are various, and greatly exaggerated, nay even fabulous. There is scarce a function in the body which has not been described as becoming perverted by this cause. However it may be, we must confess that there seems to be a certain relation between these discharges and the mental powers, for we find that patients who experience them are generally more or less misanthropic, hypochondriacal, agitated, and unable to apply themselves to any fixed pursuit. We know that this cannot be the effect of a moderate loss of the seminal fluid, however much it may be the result of *excessive* losses, and therefore are we not to look for the cause elsewhere; in the perusal of certain books, reputed to be medical—the reading of the advertisements of the charlatan, which disgrace so many of our daily newspapers—and in the fondness for conversation upon such topics, always existing in youth? Experience shows us this; we never find that one of these patients comes to us, who, upon inquiry, does not confess that he has read more or less upon the subject of seminal emissions. In the majority of these cases, relieve the imagination, and the cure is more than half effected.

In our treatment of simple involuntary discharges, such as we have described, we must act upon the *morale* of the patient, assuring him that the fears of future impotency and insanity which have held possession of his brain are without foundation—that what he has read upon the subject is but the artifice of the quack. To quiet the fears of the “spermaphobist” is to be our first endeavor. Advise him to read no more upon the subject of his fancied complaint, to abandon all vicious habits and erotic ideas as far as possible, and to employ his mind in some engaging pursuit. Above all, assure him that these discharges do not constitute a “drain upon the system,” but rather depend upon an ex-

cess of sperm, and that if they do occur occasionally they do not harm him.

Cold bathing, particularly local, in those cases *where a plethoric condition is not manifest*; regular exercise in the open air; attention to diet, and regularity of the bowels; in most cases avoidance of stimulants generally, particularly in the evening; care to empty the bladder before going to bed; avoidance of late suppers; sleeping upon a mattress, with as little clothing as possible to be perfectly comfortable; rising at the moment of waking in the morning (for the emissions occur in almost every case at that time); such constitute the most important means by which we are to aid the patient in arresting the too frequent occurrence of these discharges.

With regard to the efficacy of certain drugs in these cases, we must confess that we put little faith in their virtues. There are cases where tonics, ferruginous preparations, &c., are no doubt valuable; but we think that sedatives are more generally useful. Benefit has been derived from lupuline administered either alone or in combination with ergot, either in pill or powder, at the dose of from gr. iv. to vj., two or three times per diem. Larger doses may be given. We have also derived advantage from ext. hyoscyami.

We are inclined to think that some simple medicament should be given in all cases, even where the discharges occur very rarely. The "spermaphobist" must and will have something for his supposed troubles—and if you gratify his whims it serves to occupy his attention, he feels that he is working out his cure, and that you take an interest in his particular case. Any more active treatment than what we have mentioned is rarely necessary in the class of cases to which we are alluding. Possibly a slight cauterization might be sometimes admissible, or the simple passage of a bougie two or three times a-week for the purpose of overcoming any irritability of the urethra. Of course, if stricture should be the cause of the emissions, it should be overcome.

A simple mechanical contrivance has been lately brought before the public, which we should suppose would answer a good purpose in the treatment of these cases. This consists of a metallic ring, armed upon the inner side with a row of teeth, within which ring there is another composed of watch spring perfectly dilatable. This ring is put upon the penis on retiring, and should an erection occur during sleep, the penis as it enlarges comes in contact with the teeth, the patient is aroused and the emission prevented. Any more detailed account of the instrument is unnecessary, as it must now be known to the profession generally. So far as our limited experience goes, this contrivance has given satisfaction, and is so simple as to merit a trial at least.

If our patient contemplate entering upon married life, we should certainly encourage it, and moreover at as early a period as possible.

Such we consider to be the value and importance of a class of cases as they are presented to the notice of our practitioners; cases which, we repeat, in no wise answer to the descriptions of spermatorrhœa, as given by medical writers, and with which they should not be classed.

We do not deny but that true cases of the milder forms of sperma-

torrhœa may be sometimes met with among us. So much of our article as relates to spermatorrhœa, we may be induced to communicate at a future period.

D. D. SLADE.

5½ Beacon street, Dec., 1853.

#### MORE WORK FOR MEDICAL PHILANTHROPY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In a late number of the Journal mention is made of the appropriation of a large sum of money by a benevolent physician of Paris, to be expended in rewarding the authors of useful and practical papers, to be published in a medical gazette, and in furnishing the gazette to such physicians and students as may be too poor to pay. By this act, and by the manner of its performance (the condition being that his name shall never be disclosed), the donor has equally secured our admiration of his modesty, his benevolence, and his wisdom. By what other method could he have done so much, with the same amount of money, to advance the intelligence, and to secure the practical efficiency and usefulness of the profession in France?

There is still another channel through which medical philanthropy might make a large expenditure of means, probably, with equal benefit to the world. The intelligence and practical efficiency of the profession will remain a dead letter, without its appropriate correlative, intelligent appreciation, on the part of others. So much has been written and published on the subject, *in medical journals*, that it would be worse than superfluous to add a syllable. In your own Journal much has been published on that subject, which the *profession did not need*, and which has probably never been seen or heard of, certainly not remembered, by twenty individuals *out of the profession*. An anonymous essay on the use of nostrums, written by one of the most scientific physicians in Vermont, and published a few years since in your Journal, was characterized by good sense, lucid illustration, and conclusive arguments; but it was written for, and should have been addressed to, patients, not physicians. By urgent request, that essay was permitted to occupy a place also in the columns of one newspaper. Subsequent policy, however, indicated the conclusion that editorial interest and favor in that direction did not *pay*. And here is the *clue* which must guide the medical philanthropist, in devising plans for the greater extension of the benefits of scientific medicine.

If some medical Cræsus should be the subject of a miracle—should be blessed with a paroxysm of benevolence, what better could he do than to offer a large premium for the best popular essay on the delusion in regard to nostrums and their cognate follies, and having obtained it, to expend ten times as much, in printing and circulating it among the people? But I recall the base insinuation. Personal sacrifice of health, *estate*, and even life, on the altar of humanity, has been sufficiently common in the profession to refute the slander.

J. L. CHANDLER.

St. Albans, Vt., Dec. 3, 1853.

## IRREGULAR GESTATION.

[Communicated for the Boston Medical and Surgical Journal.]

THERE was a law on the Continent of Europe, long ago, that if a woman gave birth to a child more than the ordinary time prescribed for her gestation, after the death of her husband, it should be considered legitimate, on the ground that the grief produced by the death of her husband might retard the growth of her child; and that if the first child was born sooner after marriage than the time prescribed for her gestation, it should be considered legitimate, on the ground that the excitement attending a recent married life might hasten the term of gestation. It will be seen, in a lecture on animal torpidity, by Peter A. Brown, LL.D., of Philadelphia, before the Association of American Geologists and Naturalists, at their eighth annual meeting in Boston, in 1847, that some animals become torpid at a certain time of the year, both in hot and cold climates, and that some of the same animals may be made torpid by artificial means, and kept so for a long time, even for years. Some would become torpid from cold, some from heat, and some from drought. In this torpid condition, the functions of the whole system seem to be in a greater or less degree suspended. Now if gestation in the animal had commenced, and the animal should then be artificially thrown into a torpid state, and if the functions of the whole system are suspended and kept so for a time, then the birth of its young would not take place at the usual time. Now if hibernating animals can artificially be thrown into a torpid state or condition, may not other animals, and also the human female, be thrown into a similar condition to a slight degree, from some depressing circumstances, and thus protract gestation for a month or more? Is not the above explanation the easiest and most rational way of accounting for what are believed to be protracted cases of gestation? Causes may exist, and act upon animals and the human female, that we cannot see or understand, even in the first pregnancy of a newly-married woman.

Respectfully, N. L. FOLSOM.

Portsmouth, N. H., Dec., 1853.

## "EMPIRICISM"—METHODS OF TREATING IT.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The existence of empiricism we have all reason to deplore; so, also, the existence of hypocrisy, jealousy, envy, malice, uncharitableness, &c. But more especially have we reason to deplore their existence and outward manifestation in our own profession. The man who is constantly and vainly endeavoring to correct the faults and short-comings of others, is in danger of neglecting his own conduct and duties. The existence of medical quackery, is a corollary from the existence of medicine.

But can *persecution*, or even fair exposition, ever annihilate it? Not at all. Community, in the legitimate exercise of their inviolable rights, are the supporters of quackery—and this generally innocently

and ignorantly. But the profession ought to be clean and pure ; they should never dabble in the muddy waters of party quarrels, or join in a crusade against what they consider empiricism ; but stand, if possible, at an infinite distance above such conduct, and let their character be so fair, and their knowledge and skill so evident, that even empirics and their followers shall be compelled to confess and admire them.

The article "Empiricism," in your Journal for December 14th, discloses too much of the impatience and bitterness of its author, to produce any salutary effect on his own, or any other person's character. The language employed (verging on billingsgate), like that used by the vainly-ambitious author of the recent "smellfungus papers," is far from creditable to the literary and moral, or to the professional character of its author.

Pardon me, "W. B. S.," but I have suffered, as you will suffer, from the too prodigal use of the caustic, in the cure of the sores of others, especially those of the public body. In my more sanguine and less charitable days, I foolishly wrote smart invectives against quackery, and vainly hoped, and solemnly resolved, to exterminate it. What fraction I ever abated, I am not permitted to know ; but sufficient of it still remains to annoy "W. B. S.," as it did Hippocrates and me. I dealt heavy blows by logic, scathed and blistered by irony, tickled by wit, burnt by caustic, and pestered by perseverance—as I thought. My reward was, curses from the editors, sneers from the critics, contempt from quack proselytes, hatred from quacks, and a poor living from community.

Hence, experience has taught me, to labor honestly for my own bread and reputation, and let the quacks *live*, or "die of themselves."

Rochester, N. Y., Dec. 16, 1853.

M. M. RODGERS, M.D.

#### EXTRAORDINARY OPERATION ON THE SUBCLAVIAN VEIN, BY THE MATE OF A VESSEL—RECOVERY.

THE following narrative is given with three objects :—First, to show the value of self-control and common sense, in scenes of danger ; second, the resources of nature under the most desperate circumstances ; and third, to correct the boastful surgeon, when he feels inclined to convince the world that all that is excellent and skilful centres in himself. The merest chance in the world elicited the simple and child-like narrative from the operator, and he seemed as much astonished as ourself, when the almost certain character of his performance was pointed out to him, on a preparation of the heart and bloodvessels.

Edw. T. Hinckley, of Wareham, Ms., then mate of the bark Andrews, commanded by James L. Nye, of Sandwich, Mass., sailed some two years and a half since (we find the date omitted in our minutes) from New Bedford, Mass., on a whaling voyage. When off the Gallipagos Islands, one of the hands, who had shown a mutinous disposition, attacked Capt. Nye with some violence, in consequence of a reproof given him for disobedience. In the scuffle which ensued, a wound was inflicted with a knife, commencing at the angle of the jaw, and dividing

the skin and superficial tissues of the left side of the neck, down to the middle of the clavicle, under which the point of the knife went. It was done in broad day, in presence of the greater part of the crew; and Mr. Hinckley, the mate, being so near, that he was at that moment rushing to the Captain's assistance. Instantly seizing the villain and handing him over to the crew, the knife either fell or was drawn out by some one present, and a frightful gush of *dark* blood welled up from the wound, as the Captain fell upon the deck. Mr. Hinckley immediately thrust his fingers into the wound, and endeavored to catch the bleeding vessel; with thumb against the clavicle, as a point of action, and gripping, as he expressed it to me, "all between," he found the bleeding nearly cease. The whole affair was so sudden, that Mr. Hinckley stated to me, he was completely at a loss to know what step to take. Such had been the violence of the hemorrhage, a space on the deck fully as large as a barrel-head, being covered with blood in a few seconds, that it was evident from that and the consequent faintness, that the Captain would instantly die, should he remove his fingers from the bleeding vessel. As Mr. H. said to me, with the simplicity and straightforward style of a seaman, "I brought to" for a minute, to think over the matter. The bleeding coming upward from under the collar bone, and being completely concealed by it, it was plain enough that I could not get at the bloodvessel, without sawing the bone in two; and this I would not like to have tried, even if I had dared to remove my fingers. Feeling that my fingers' ends were so deep as to be below the bone, and yet the bleeding having stopped, I passed them a little further downward, still keeping up the pressure against the bone with the middle joints. I then found my fingers passed under something running in the same course with the bone; this I slowly endeavored to draw up out of the wound, so as to see if it was not the bloodvessel. Finding it gave a little, I slowly pulled it up with one finger; *when I was pulling it up, the Captain groaned terribly*, but I went on, because I knew I could do nothing else. As soon as I could see it, I washed away the blood, and was astonished and very glad to see there were two vessels, as I supposed them to be, one behind the other; *the cut was in the front one*. It was the full breadth of the knife, or about half an inch, and neither across nor lengthwise, but about between the two, and went about half its thickness through the bloodvessel; *it was smooth and blue* in appearance, and the cut had stopped bleeding, as I supposed at the time, because the vessel was pressed together by being stretched across my finger. As I had often sewed up cuts in the flesh, and knew nothing about tying bloodvessels, and supposed that was only done when they were cut in two, as in amputated limbs, I concluded to try my hand at sewing it up; so I took five little stitches; they were very near together, for the wound was certainly not more than half an inch wide, if so much."

On inquiry of Mr. Hinckley, if he cut off the thread each time and threaded the needle again, he said "Yes, but I only cut off one end, and left the other hanging out." This he had learned from a little book prepared for the use of sea captains and others, when no surgeon was on board. Mr. H. continued—"I twisted the ends together loosely, so as to

make one large one, and let it hang out of the wound over the bone ; then I closed all up with stitches and plasters. On the fourteenth day I found the strings loose in the wound, from which matter had freely come ; it healed up like any other cut." Poor Capt. Nye finally met a sad fate ; he was drowned on the destruction of his boat by an enraged whale.

The practical anatomist and surgeon will at once see the internal evidence that Mr. Hinckley must have closed up a wound in the subclavian vein. Aside from the position of the wound rendering any other explanation impossible, and the color and amount of blood instantly lost, the fact that a wound of the subclavian artery must have been followed by aneurism, if not instant death, renders the conviction unavoidable that it must have been the vein. When the Captain "groaned terribly," as Mr. Hinckley was drawing up the vessel with his finger, the brachial plexus of the nerves was evidently put on the stretch. Indeed, it is impossible to suppose, aside from Mr. Hinckley's high character and the corroboration of the log-book, that such a story could have been devised by any but a surgeon of decided practical ability. We may be mistaken in our views of its importance, but we think that in the estimation of our professional readers we have placed upon record one of the most extraordinary circumstances in the whole history of surgery.—*New York Scalpel*.

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#### OBSERVATIONS ON THE EFFECTS OF CLIMATE ON DISEASE.

BY WILLIAM F. CARRINGTON, M.D., U.S.N.

DURING a short stay at Pisa, in the month of March last, the number of invalids observed lounging about its grassy squares and basking in the sun on the slopes and banks of the Arno, reminded me that this old city enjoyed a reputation for the salubrity of its winter climate, as well as a celebrity for its wonderful "leaning tower ;" and even while gazing on this leaning tower, in astonishment at its height and inclination, my interest was diverted to a young man, feeble, and marked with all the symptoms so conspicuous in the victims of pulmonary consumption. He had left his home and native land, fondly but vainly imagining that, while he exchanged the asperities of his own climate for the balmy air and genial rays of Italy's sun, he was also exchanging debility, disease and approaching death, for strength, buoyancy and health. His condition suggested certain reflections on climate, and its influence on disease—reflections that had before occupied my mind on similar melancholy occasions, and in other localities of resort in pulmonary affections, south of Spain and Portugal, and islands of the Mediterranean.

I intend no essay on medical topography, but ask your indulgence for an expression of those thoughts, hoping that they may have some weight with those of our profession whose attention has not been called to the statistics on this subject, and who, perhaps, have had no opportunity of personal observation. Most medical men, both in this country and on the Continent of Europe, who have arrived at age and reputation, have had to act on this important question of change of climate

for their consumptive patients, and as far as my experience goes, whenever the pecuniary condition of the patient justified it, have almost invariably recommended this change. Now these same gentlemen, while they may be inclined to believe that their individual experience forms the exception, would be astonished at the aggregate and uniformly melancholy result in cases of confirmed phthisis sent abroad. In confirmation, Dr. Renton, an able practitioner of the Island of Madeira, gives his experience, that, of nineteen confirmed phthysical patients who arrived there from Great Britain between the years 1827 and 1830, all died.

I have no disposition to doubt and cavil about the influence of climate, for none will deny its influence on the animal economy—such as the effects of a warm, dry air in promoting an equable distribution of the circulatory fluids, and of the continued action of a mild, bland atmosphere on the respiratory organs, both as abating irritation of the lungs and enabling them to perform the necessary changes in the blood. My object is rather to reprobate the custom of sending patients abroad, with the almost uniform result of dying abroad.

It betokens a want of a thorough knowledge of the patient's condition, of the nature of the climate to which he proposes to go, and of the medical statistics of the place in connection with sojourning invalids. A change of climate is generally the last suggestion made by either the patient or physician, when all other treatment has failed. It is then too late; the disease has already stamped its indelible impression on the vital organs, and the patient is a victim beyond the remedial influences of climate, or anything else. Would it not be better to allow him to spend the remnant of his days amid the comforts of home, and the solace of friends—a boon which the dying man would doubtlessly crave, if he knew the alternative—than away in a strange land, dependent on strangers' sympathy?

We adopt Laënnec's view of restricting "*phthisis pulmonalis*" to that disease caused by tubercles in the lungs. These tubercles, when progressed to suppurative irritation, have been, by common professional consent, pronounced to be incurable. In view, then, of this melancholy fact, and of the insidious nature of the disease, it becomes us to take a more comprehensive view of its pathology, and, if we ever expect to cure it, to remove this "*opprobrium medicinæ*." To recognize its existence in that tubercular cachexia in which phthisis has its origin, we must carry our researches beyond those morbid alterations which constitute the pulmonary affection—to that constitutional disorder which is a condition necessary for the deposit of tubercles. This condition is generally evidenced by inappetency, dyspnoea, unequal distribution of heat, slight emaciation, morning cough, dull pain in chest, &c. It is a peculiar state of health, which, aided by the known hereditary character of consumption, is easily recognized; and inasmuch as it usually precedes the deposit of tuberculous matter, it ought to demand our prompt attention. When softening takes place, and it has burst into vomica, it is so far advanced as to become manifest to the most common observer, and scientific skill is no longer necessary to form a correct prognosis. Our efforts, guided by the most profound knowledge and consummate skill,

will be utterly inefficient even to stay its progress. The lung is already in a state of decomposition—as Portal cleverly remarks, “*quelle est la maladie qu’on gèruit quand l’organ dans laquelle elle réside a souffert une disorganization parfaite.*” Our time, then, for hopeful action is confined to the period of the nascent state. I would applaud the physician who, conceiving it to be within his province, interposed his superior knowledge, long anterior to the tubercular deposit—even in early childhood—when he saw the slight form, fair complexion, and feeble circulation coupled with hereditary disposition; who volunteered his warnings and directions as to moral and physical education, not by way of remedies, but as preventives against a disease which numbers amongst its victims so much of the youth, beauty and talent of the land. He may even go farther than this, and in investigating the causes which give rise to the tuberculous diathesis in the parent, also hope to diminish the hereditary disposition in the offspring.

It will not be denied that this first condition, anterior to and during incipient phthisis, is one of debility, feeble circulation and general functional debility. This is met by a recommendation to the invigorating influences of fresh air of the proper temperature, and bracing, out-door exercise. It is just here that travelling and removal to a genial clime become our most powerful remedial measures. How often have we seen it the case that the ravages of this horrible malady have been staid in its onward progress by the recuperation of the functional energies during one active summer in the country. So does the country gentleman, entitled to the disease by inheritance, perhaps with miliary tubercles in his lungs, live to a good old age, by force of the active, cheerful sports of fox and bird hunting. It is the invigorating influence of a climate which affords the greatest number of the three hundred and sixty-five days for out-door exercise, that is particularly adapted to the case in question. This uniformity can hardly be obtained in any one country or locality; hence the propriety of the individual with tubercular diathesis changing his locality, or rather his latitude, with the change of seasons. Without having indulged in speculations or theory, I have endeavored to show the importance of early diagnosis and action, and intimated the probable benefits accruing from a proper change of climate. It is in place, then, to make a few suggestions founded, some on personal observations, and others on statistics, as to the nature of different climates to which phthisical patients are usually sent.

Cuba and the West India Islands first invite our attention, not on account of their deserved reputation, but for the monopoly of the good opinion they have so long enjoyed in the States of our Union. To say that the climate of these islands is not adapted to the phthisical patients, doubtless sounds heretical to most professional readers. It is indeed strange, that while each one’s experience bears melancholy testimony to the truth of this opinion, still there is an obstinate though vague impression, both in the minds of patients and physicians, of the benefits resulting from a residence in these islands. We cannot account for the persistence of this impression otherwise than by ascribing it to the want of a proper appreciation of the deleterious influences of a

tropical climate. While they seek the mild and bland air for the irritated lungs, they lose sight of the debilitating and exhausting influences of a high temperature so unvarying and unchanging in its character. It would at once strike the professional reader, that his consumptive valetudinarian was not likely to be benefited by so high a temperature as 78°. Rather in such a diathesis, such a temperature with its exhausting influences would tend to develope and deposit the tuberculous matter; yet, this is the case with most of the West Indies. Even Cuba, the most northerly of them, has a mean annual temperature of 79°, and according to the best observers, falls only 4°, making the mean temperature during the six months, including winter, 75°. This uniformly high temperature, occasionally broken in upon by the chilly northerners and the variable hygrometrical condition of the atmosphere, precludes in a great measure the patient from taking out-door exercise, the main object for which he is sent abroad.

The English physicians have for a long time held in more proper estimate the healthful advantages of the West India islands than we, their brothers, of America. While in many conditions of health they recommend them, they invariably reprobate the custom of sending to Barbadoes or Cuba invalids laboring under either confirmed or incipient phthisis. In this opinion they are upheld both by the resident physicians (of the British islands) and the reports of the army and navy surgeons, whose opportunities for judging have doubtlessly been good and reliable. Sir James Clark asserts that phthisis is more prevalent among the troops serving in the British West India islands than at home; that whilst 1½ per cent. of those serving in these colonies were attacked annually with consumption, only ½ per cent. of the dragoon guards serving in England suffered. The evidence of Sir William Burnett and other medical officers of the royal navy tend to the same result, and they further evidence in their reports, strange as it may appear, that the troops suffered more in the West Indies than in the North American commands; that in both the Windward and Leeward islands 12 per 1000 annually suffered; in Barbadoes as much as 15; in Jamaica 7 per 1000; whereas in Nova Scotia, New Brunswick and Canada, not more than 7 per 1000 annually die of consumption. Nor are the natives of these islands exempt from the disease: on the contrary, its great frequency among them has been long a matter of notoriety. In all tropical countries, both East and West, great heat appears to have a powerful effect in producing tuberculous disease. These facts are in strong condemnation of sending consumptive invalids to these tropical islands, except those whom the disease has only threatened, and then only for the two most severe months of January and February.

I was disposed in this communication to confine my notice of climates exclusively to the Western continent. This, perhaps, would have been in strict accordance with the "Monroe doctrine," now becoming so prevalent; but in view of the facilities for travel and of the growing disposition in Americans to travel, it may not be out of place to notice rapidly some of the European climates of celebrity. Among these the south of France has always been in repute, particularly the Mediterra-

nean coast, comprising the provinces of Languedoc and Provence. While different localities in these provinces, Marseilles, for instance, may prove beneficial to some conditions of deranged health, such as require a dry though moderately cold air, I must own my utter inability to discover in the cold, piercing mistral (a northwest wind that blows for continuous days together) any balm for the lungs. The latitude is too high, and the climate corresponds in severity and variableness with that of the middle States of the Union.

The winter climate of Italy, while it is more humid, is less exciting than that of the south of France, and altogether better adapted to that undefinable condition preceding the development of tubercles, and to the existence of incipient phthisis. Pisa, Rome and Naples are the places of general resort, while the mean winter temperature of Marseilles is  $45^{\circ}$ , and that of Pisa  $46^{\circ}$ , only  $1^{\circ}$  higher; yet the latter, inasmuch as it is exempt from the irritating mistral and the variable atmospheric condition consequent on it, is far preferable as a place of residence.

Southern Portugal and Spain seem not to be held (at least by writers on the subject) in the high estimation that they deserve. It may be owing to the absence of home comforts, which the traveller is debarred from; for in these old countries much of the primitive condition of things yet obtain. From personal knowledge and experience during a winter's residence in these countries, I hold the climate in high estimation for those predisposed to tubercular disease. Lisbon, in latitude  $38^{\circ}$ , is now being very much re-orted to by English invalids in those cases (of which there are many) in which the summer climate of England is deleterious. They reside in Portugal the whole year, spending the summer in the delightful mountain village of Cintra. The latitude of the south of Spain I think preferable to that of Portugal. Cadiz, in  $36^{\circ} 32'$ , with a mean winter temperature of  $53^{\circ}$ , would be almost unobjectionable but for the levanters—strong easterly winds which blow for ten days at a time, loading the atmosphere with fine particles of sand, almost impalpable powder, which *must* prove exciting to an irritated lung. Seville and other places high up on the Guadalquivir are not obnoxious to the same objection, being in a measure shielded by the ranges of the "Sierra Nevada" lying to the eastward. The climate, while being of the most invariable character and delightfully mild, is charming from the flowery luxuriance of the valley of the Guadalquivir.

But the island of Madeira, for peculiar considerations, has the highest reputation as a residence for the threatened consumptive. Almost the only reliable reports of improvements in incipient phthisis have been of cases resident in this island. Its latitude of  $32^{\circ} 37'$  and its position as an island combine to produce an equableness of temperature perhaps unsurpassed, at least in the islands of the Atlantic, its coast and the shores of the Mediterranean. The gradations of temperature in passing from one season to another, are almost imperceptible. The mean annual temperature of  $64^{\circ} 56'$  is divided between the four seasons, in the proportion of, winter  $59^{\circ} 50'$ , spring  $62^{\circ} 20'$ , summer  $69^{\circ} 33'$ , and autumn  $69^{\circ} 23'$ , showing but  $9^{\circ} 43'$  between summer and winter temperature, and that relieved by the intervening autumn. A climate

so moderate, both in the heat of summer and cold of winter, offers great advantages as a permanent residence. Mark the extremes of heat and cold even in the temperate latitudes. For instance, Philadelphia has a difference between its mean winter and summer temperature of  $41^{\circ}$ , and our city of Richmond, of  $33^{\circ} 66'$ ; while Funchal, in Madeira, has only  $9^{\circ} 43'$ , with a summer far more pleasant and cooler than that of any of the middle States of the Union. Indeed, in steadiness of temperature, so great a desideratum in pulmonary affections, Madeira enjoys a reputation as a permanent residence over all other places comprehended within our personal experience or knowledge; and the adaptation of the climate to this class of disease, is now a matter of professional notoriety in England. Dr. Renton and other physicians in the island of Madeira, of observation and experience, testify that in cases of tubercular cachexia and incipient phthisis, improvement has almost always resulted from a residence there; and it would be well to observe here, in furtherance of my views, that these same gentlemen declare the utter futility of attempting, from change of climate, even an improvement in confirmed phthisis, and the infinite better plan of allowing the patient to remain at home, under the palliations of administering friends and home comforts.

It would be a wilful exclusion of information to make no mention of Egypt, the character of which climate I have first become acquainted with during this visit. Its winter climate is described as being delightful, beyond the conception of those accustomed only to harsher latitudes. Its spring, entirely exempt from the vicissitudes of northerly winds and chilly rains, is certainly charming; nor does its great distance debar Europeans laboring under phthisis from resorting to it. From Alexandria to Nubia, searchers after health are as frequent as searchers after antiquities; while at Cairo, in conversation, more than one invalid was in raptures and bore decided testimony to the beneficial influences of the climate (winter). The desert air is particularly sought, as carrying healing in its wings; and many resort to the tombs, under the shadow of the great pyramids of Cheops and Belzoni, as favorable places for its enjoyment, making homes of them, for weeks at a time. Some of the cases of improvement are astonishing, and the climate of Egypt, particularly Upper Egypt, will be more generally sought after when more generally known.

But we have a variety of climate within our own borders, within the extremes ranges of  $45^{\circ}$  and  $25^{\circ}$  of north latitude and  $70^{\circ}$  and  $120^{\circ}$  longitude west. The threatened consumptive ought to be able to find air sufficiently mild to be inhaled by even his weak lungs; and if unfortunately the benefit is sought in a progressed stage of the disease and the worst result should follow, then he has the satisfaction of breathing his last under his own flag—a pleasure—a negative pleasure to be sure—but one nevertheless known to exist by those who have had an opportunity of witnessing the strangers' death in a strange land.

Florida and the extreme southern States fulfil the requisite indications more nearly than any other section. They have been generally resorted to, and, within my experience, with much more benefit resulting

than from residence in the island of Cuba. Different localities in the peninsula of Florida differ only in meteorological conditions. San Augustine is perhaps more free from the chilly northers—therefore the best—whilst its mean annual temperature is higher than that of Funchal, Madeira: its mean winter temperature is precisely the same, presenting at the same time so great a uniformity in weather that the patient can enjoy almost every day the salutary revulsion which exercise in the open air effects.

There are many other localities in the southern States which offer advantages. The climate of any cotton-growing State is not too severe for the threatened consumptive—especially when resorted to in connection with cheerful and active exercise of plantation duties.

Unlike the borders of the eastern Atlantic, our country as yet affords no section suited to the permanent residence of the consumptive valetudinarian. The difference between the mean winter and mean summer temperature of almost every section of our wide extent of country is so great, that they are fairly entitled to be ranked with the celebrated Buffon's "excessive climates." The invalid cannot permanently reside in our city of Richmond, when, from a summer's heat of  $75^{\circ}$  he suddenly encounters a piercing air of  $37^{\circ}$ ; or San Augustine or Pensacola, when, from enjoying the delightful temperature of  $60^{\circ}$ , he is suddenly exposed to the debilitating effects of  $83^{\circ}$ . If he has pecuniary means, and wishes to prolong a feeble constitution into old age, he must be emigratory—must, with the change of seasons, seek genial climes. The land of the orange and myrtle and the mountain regions of the hemlock and spruce are in their turns the antidote and poison.

Our country though is not yet grown to its full size, and it may yet embrace a territory suited to the permanent residence of the consumptive invalid. It may already, for the medical topography of its Western limits is not thoroughly known. The great difference in the climates of the same latitudes on the western and eastern borders of the Atlantic were not satisfactorily accounted for until Baron Humboldt, in his learned investigations on climatology, developed them, his mode of reasoning and his data resulting from investigations in establishing what he calls his isothermal and isotheral lines. From what has long been observed, even as early as Capt. Cook's second voyage, the great similarity between the climates in the middle latitudes of the western coast of America and western coast of Europe, our countrymen may yet find, to the southward and westward, if not already, when the gulf of California and the islands of the eastern Pacific are within our limits, a climate fulfilling as many indications for a permanent residence as the most favored country bordering on the eastern Atlantic.

Having digressed in a measure from the main object of this communication, it may be proper, in recapitulating, to urge on professional advisers the importance of an early resort to that remedy which all experience proves to be powerful, and the great error committed by its too long postponement, not only by depriving the patient of benefits that might have accrued, but, in a large majority of cases, hastening the disease to a fatal termination. The exposure and want of comforts, necessarily

encountered while travelling, and the depression consequent on parting with friends, family and home, and a residence among strangers in a strange land, cannot have any other effect than to hasten a disease already in progress. No little harm has been done by the very frequent custom of sending abroad cases laboring under confirmed phthisis. It has diminished confidence in a remedy which is our "sheet anchor." Tubercular phthisis, this main scourge of mankind, I believe to be only tractable to a timely and judicious change of climate. The enemy is vulnerable but to one weapon, and then only during the very limited period of its early existence.

My remarks on the subject of climatic differences, the favorable indications of one locality or country over another, and especially what has been said in condemnation of the climate of the West India islands, as adapted to the cure of tubercular disease, have not been made without some knowledge, experimental as well as statistical. If credence is accorded to the extent of relieving one individual from months (it might be years) of suffering, or of allowing one individual to spend his last days in the enjoyment of the comforts of home and the solace of family and friends, then I shall be amply rewarded, and have gained whatever object I might have had in view.—*The Stethoscope.*

*U. S. Sloop St. Louis, Alexandria, Egypt, May, 1853.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 28, 1853.

*American Eclectic Practice of Medicine.*—We know but little, in this region of country, of a system of medicine that is frequently referred to at the West. Occasionally, however, a publication reaches us from that quarter, from which the fact is ascertained that a new School has there its friends and disciples, and that it is bitterly opposed to the old—or regular practice. Without attempting to analyze the objects of the new lights, if lights they are, or to explain how they differ from ourselves, it is proper to examine their works as exponents of their principles. A fair volume, in octavo, of 788 pages, from a press in Columbus, Ohio, bears upon its title page the name of J. G. Jones, M.D., one of the faculty in the Eclectic College, Cincinnati. Appended to Dr. Jones's lectures, are the posthumous writings of T. V. Morrow, M.D., the predecessor of Dr. Jones—and the whole is styled "The American Eclectic Practice of Medicine." "The object of the present publication," it is stated, "is to supply, in a measure, the increasing demand for a Text Book, for students, and a work of reference for practitioners of the Eclectic School of Medicine." We cannot discover, after some little research into the volume, what that school teaches that varies so essentially from what is taught in our own. As a whole, the 153 pages devoted to fever, would be viewed any where as a sensible essay, and by no manner of means very unlike the writings of other discreet teachers of the principles of practice. In the description of symptoms, Dr. Jones is minute enough to enable a student to define the character of a disease under which he might find a patient suffering. Thirty-seven lectures

are given as the author's contribution to practical medicine—at the close of which commences a variety of articles by his friend, the late Dr. Morrow. We imagine each one of them was the skeleton of a lecture, delivered with oral explanations and elucidations, which an ingenious man might have introduced and made highly interesting and instructive.

In these days of common sense in medicine, all respectable physicians are eclectics. They examine and select from all sources, and prescribe what they think the best. The Cincinnati eclectics can do no more. There seems to be more imagination than reality, therefore, in this modern eclecticism, when it takes a position by itself and refuses to recognize any thing good that is gathered from the accumulated observations of ages unless gathered and arranged by its own adherents. That some of the ardent advocates of this school are learned men, is not denied; but that such should leave the society of those who would appreciate their attainments, and identify themselves with what is generally considered a radical party in medicine, is quite surprising.

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*Dental Chemistry.*—During the short period in which dentistry has had a place among the useful and professional branches of business, with a rank between an art and a science, it has made surprising progress in the United States. It is not hazarding too much, we apprehend, to say that in Europe, both in the practice and the literature of modern dentistry, they fall immensely in the rear of young America. From the Baltimore College of Dentistry, a class of writers have been sent abroad, who command the admiration of scholars and of men of science, by their erudition, bold conceptions and depth of physiological research. We are not jealous of them, but proud of their distinction. In point of originality, critical observations into the anatomical relations of the human system, and industrious efforts to improve and elevate their profession, they are not surpassed by writers in any other branch of medical science. "Chemistry and Metallurgy, as applied to the Study and Practice of Dental Surgery," by A. Snowden Piggot, M.D., late of the Washington University, &c., with numerous illustrations, an elegant octavo of 516 pages, from the prolific establishment of Messrs. Lindsay & Blakiston, Philadelphia, has just been published. Dr. Piggot says that he has endeavored to adapt his work both as a manual for the practical man, and a text book for the student. He has certainly succeeded in the enterprise. For the medical or surgical practitioner in general, there is much in the book, of course, that would be useless; but in the hands of manufacturers of artificial teeth, dental operators, and in short all persons pursuing the details of dental practice, this volume will be found above price. We do not feel competent to point out its defects, if any there are, or designate the most essential chapters as specimens of excellence. As a whole, it strikes us as combining about all that is supposed worth knowing in the department of dental practice. A considerable portion is given up to the consideration of chemistry and metallurgy as connected with the manufacture of artificial teeth. No further comments are needed from us, as the craft, alone, are the proper ones to sit in judgment upon this new accession to their library.

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*Cholera Abroad.*—Almost every steamer brings intelligence of the re-appearance of cholera at different points in Europe. It leaps, as it were, from one distant place to another; and although, as in all times of its prevalence,

the mortality is at first alarming, the public soon become accustomed to its erratic character, and quietly submit to what cannot be controlled. No other disease, in the catalogue of human maladies, has ever been less subjected to successful medication than Asiatic cholera. The profession remain precisely where they commenced. There are no specifics for it, and certainly no course of treatment that meets the universal approbation of practitioners. Yet individual cases of successful treatment doubtless often occur, and no medical man should fear to meet the symptoms of a case when called upon to prescribe.

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*Dr. Bullitt's Introductory.*—There is an abundance of medical talent in Kentucky. The schools in that State have always been in the hands of gentlemen of distinguished attainments, which has been freely acknowledged abroad, however much they may have disagreed among themselves. H. M. Bullitt, M.D., sustains the professorship of physiology and pathology in the Medical School of Kentucky, at Louisville—the neighbor of a rival school known as the Institute. We have an equal interest in and respect for both, and consequently are in no way prejudiced by the sayings or transactions which have an origin in matters merely personal. They both teach well—and that is all that the great public require to know of them. Dr. Bullitt has a poetical vein in his composition, indicated by the beautiful quotations freely introduced to illustrate more forcibly the sentiments he wishes to inculcate. His prose, too, flows as though it came from a living fountain. A rapid review of the principal improvements in medicine and surgery, as characteristic of this age, occupies some portion of the discourse. The treatment of lunatics is an instance of the benevolent tendency of our times, and all these things collectively, indicate the highest degree of civilization in modern Europe and America. “To understand,” says Dr. B., “and appreciate a creation so complicated in structure and arrangement, endowed with such wonderful properties, and maintaining such various and diversified relations with surrounding objects, you will find it necessary to study, more or less thoroughly, nearly all branches of human knowledge.” It is certainly true, that in studying thoroughly the science of medicine something of every other science is embraced. After some generalizations for the immediate benefit of students, Dr. Bullitt proceeds in a philosophical tone, in keeping with the dignity of his subject. The following is one of his felicitous quotations, which he probably found among the bards:—

“The heights by great men reached and kept,  
Were not attained by sudden flight;  
But they, whilst their companions slept,  
Were toiling upward in the night.”

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*Chemical Researches.*—Charles A. Joy, Esq., of Boston, presented at the University of Gottingen, the present season, an inaugural dissertation, which has come back to his native country, the herald of his acquirements and honors. The pamphlet mainly consists of a series of researches conducted in the laboratory of Prof. Rase, at Berlin. To a mere medical reader the papers would not appear particularly striking, but to a chemist they are such as would be read with enthusiasm. We presume that Mr. Joy will establish himself in this city, where the prospect of an honorable scientific position and influence is highly encouraging. Those in pursuit of an accurate analytical chemist, will find him familiar with all the mysteries be-

longing to the branch of science he has for many years industriously cultivated, under the direction of the best minds in Europe. We recall with much pleasure the civilities we received from Mr. Joy in Prussia, where he was pursuing those investigations which have prepared him for usefulness and distinction in his own country.

*Young Physic.*—This is quite a novel title for a Journal. No. I. of a new series with this name, published at Philadelphia, New York, Providence and Boston, edited by an association of physicians, J. Emerson Kent, M.D., being conducting editor, has been received. No specimen of a former series has been seen. All communications are to be directed to Pawtucket, R. I. This is certainly a circuitous way of reaching the fountain head. Some excellent papers, principally extracted from other medical periodicals, grace its pages. What particular system, among the various shades recognized in what is now-a-days denominated Young Physic, the work is to advocate, cannot be readily discovered. Perhaps it is independent of them all, and seeks friends and support among those who are untrammelled by party ties.

*Medical Miscellany.*—The second volume of Pereira's *Materia Medica and Therapeutics*, will soon appear at Philadelphia. The first was issued about a year since.—A new edition of Lawrence on the Diseases of the Eye, with improvements and additions, by Dr. Hays, of Philadelphia, is announced.—Smallpox is getting a strong foothold at several points in New England.—Bronchial affections and rheumatism are now quite common.—The newly-graduated Providence thermometer, is nearly ready for sale. Its main peculiarity is that zero represents blood heat.—With diminished classes, most of the schools are considered prosperous. The former test of influence was *numbers*; but there are indications that hereafter the best system of instruction and most learned professors, are to be held in estimation.—Again the yellow fever has appeared in some of the West India Islands. Strangers visiting the infected parts quickly fall a prey to the terrible malady.—A second edition of Renault's *Chemistry* is prepared by Messrs. Clark & Hesser, publishers, Philadelphia.

TO CORRESPONDENTS.—Papers have been received—On Hydrophobia, by Dr. Coxe; and Case of Paralysis of the Urinary Bladder, by Dr. Handy.

MARRIED.—In Boston, Dr. George Hayward, Jr., to Miss Annie, daughter of Geo. B. Upton Esq.—E. P. Sumner, M.D., of Eastford, Conn., to Mrs. C. H. Munroe.—In New York, Dr. James E. Ward, to Miss E. Chesterman.—At Lyons, N. Y., J. B. Pierce, M.D., to Miss R. A. Bostwick.

DIED.—In New York, Dr. Isaac Handy, 45.—In San Francisco, Dr. W. T. Hotchkiss, of Newport, R. I.—In Boston, suddenly, Dr. Josiah F. Flagg, about 60.

*Deaths in Boston* for the week ending Saturday noon, Dec. 24th, 84. Males, 44—females, 40. Anæmia, 1—accident, 1—apoplexy, 2—inflammation of the bowels, 1—inflammation of the brain, 2—disease of the brain, 1—burns and scalds, 1—consumption, 18—convulsions, 3—croup, 9—cancer, 1—dysentery, 1—dropsy, 2—dropsy in the head, 1—infantile diseases, 3—puerperal, 1—epilepsy, 1—typhus fever, 2—typhoid fever, 2—scarlet fever, 3—hooping cough, 2—inflammation of the lungs, 2—disease of the liver, 1—marasmus, 1—mania, 1—measles, 8—old age, 3—pleurisy, 1—rheumatism, 1—scrofula, 1—disease of the spine, 2—teething, 4—unknown, 1.

Under 5 years, 35—between 5 and 20 years, 10—between 20 and 40 years, 21—between 40 and 60 years, 10—above 60 years, 8. Born in the United States, 64—Ireland, 15—British Provinces, 1—Germany, 3—Scotland, 1. The above includes 7 deaths at the City Institutions.

*Resources of the Living System—Complicated Fractures.*—Dr. S. Clapp, of North Providence, R. I., in a note to the Editor under date of Dec. 16th, relates the following case of fractures:—

“We have a very interesting case of fractures of the bones in a lad about 17 years of age. It happened just a fortnight ago. A son of Mr. Hamilton was caught on a shaft in Wood & Benedict’s Mills, on the 3d of Dec. Both thighs were fractured, the left compound; also the tibia and fibula of same leg fractured, about an inch above the ankle joint. The right humerus was fractured, with a dislocation of the elbow on same arm. The left radius was fractured, with two fingers disjoined and torn off at their ends. Notwithstanding the extent of injury, very little constitutional irritation has occurred, and the little fellow is recovering with every prospect of good limbs.”

*Homœopathy.*—As already stated in our “Notice to Correspondents,” an article has been received in reply to one by Dr. Dyer, in the Journal of Nov. 16th. The following extracts from it are all that we consider advisable to publish. Other parts of it would only provoke a reply, which we are not anxious to receive. As but a portion of the article is presented to the reader, the name of the writer is withheld.

“The weapons of the ‘Profession’ are sharp, nay, *deadly*; deadly to the disease or patient, according as they are used by skilful or unskilful hands. ‘But what,’ continues the doctor, ‘has been said of Thomsonism and Hydropathy (that is, “that they are *dangerously* powerful”), cannot be said of Homœopathy.’ A fine compliment, indeed, from one of its bitter enemies, unwittingly bestowed! The science of medicine is composed and made up of a vast number of profound and glorious truths, some of which are found in *every* system of practice, but covered over and almost hidden by the thousand errors which compose the bulk of all the various systems of practice which have been advocated in the world. To practise medicine successfully, therefore, so that it shall not be ‘dangerously powerful,’ requires the sifting process of separating the truths from the errors, requiring a sound and discriminating judgment; with other mental and moral qualities, which are possessed by but a small portion of those who are sent in swarms from the colleges to become the guardians of public health.”

“Cease, then, thundering your anathemas at Homœopathy, for she has declared truths which you will have to acknowledge, sooner or later – one of which is, that nature, unassisted, will often restore the sick to health, while the common system of inordinate drugging would greatly prolong the case, or hasten it to a fatal termination.”

*Cinnamon in Menorrhagia.*—By S. T. CHADWICK.—In Dr. Gooch’s “Practical Compendium of Midwifery,” article “Menorrhagia,” will be found the following remarks:—

“On the Continent they use cinnamon as a tonic, and I have found it a good addition to the medicines of this kind which I usually prescribe. My common formula is a draught composed of fifteen drops of dilute sulphuric acid, one grain of sulphate of zinc, thirty drops of tincture of cinnamon, and one ounce of peppermint water, which is to be taken three times a day.”

Although Dr. Gooch did not administer the remedy *per se*, still, however, it is evident that he considered the cinnamon an essential ingredient in the formula. I will only add that I have frequently prescribed the drug in question, according to the rules laid down by Dr. Gooch, and I believe with beneficial results.—*London Lancet.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## REMARKS ON HYDROPHOBIA.

BY EDWARD JENNER COXE, M.D., OF NEW ORLEANS.

[Communicated for the Boston Med. and Surg. Journal.]

OF the various occasional diseases, to which the human body is subject, there is not one better calculated to engage the attention of the medical profession than that under consideration, whether we regard the horrible sufferings caused by its apprehension or presence, its almost invariable fatal termination, or the acknowledged absence of any uniform morbid signs, to demonstrate, after death, upon what organ so remarkable an influence had been exerted.

This disease, produced by the bite of a rabid animal, generally of the canine species, and evidently exerting its principal force upon the nervous system, may truly be said, after the development of the characteristic symptoms, to bid defiance to the best directed efforts of physicians. It is sufficiently proved, that of those bitten by rabid animals, scarcely one half will become affected with hydrophobia, in consequence of the saliva of the animal having been wiped off the teeth in passing through the clothes, before coming in contact with the skin, which must be abraded, or torn, before the poisonous influence can be communicated. It is stated by Mr. Hunter, that of twenty persons bitten by the same rabid dog, but one suffered from the disease.

A wound inflicted by a rabid animal gradually heals, as if from other causes, and after an interval of from six weeks to twelve months, or according to some apparently well-authenticated cases, even longer, there is experienced a pain or uneasy sensation, with inflammation in the situation of the bite or scar, which tingles, aches, or feels cold, stiff or numb, or becomes livid or swollen, at times opening anew, and discharging a little colored serum. The pain extends from the sore or scar, towards the central parts of the body, generally thought to follow the course of the nerves, though cases have been noticed where the absorbents and glands were red and inflamed, at the forming stage of the true symptoms.

The symptoms of hydrophobia are an excessive nervous irritability, anxiety and depression, fear, constant sighing and great melancholy, a spasmodic constriction of the muscles of the fauces, throat and chest, excited by different external influences, especially by the sight of liquids

or the sound produced by pouring them from one vessel to another, or by attempting to swallow them, which is frequently attended by great difficulty, and is often absolutely impossible. A paroxysm will often be produced by a sudden agitation of the air. At the expiration of a few days, the patient becomes hurried in manner, and irritable in disposition; the eyes are haggard, glassy, fixed, and suffused with blood; there is great restlessness, starting up in a fright, almost immediately after lying down; he complains of pain and stiffness about the throat, is unable to swallow liquids, every effort to do so bringing on a paroxysm of choking and sobbing, which will continue to be repeated more severely each time for several days, when death comes to his relief. The pulse is at first not much affected, though soon becoming hard and strong, then weak and frequent, accompanied by a rapid prostration of strength. Although not positively settled, there are some grounds for believing that a human being laboring under this disease, can communicate it to another; hence the necessity of care on the part of nurses and attendants, not to allow any saliva to come in contact with, or remain on, a sore, an abraded surface, or a mucous membrane.

It is supposed by some that the morbid virus is not immediately absorbed, but remains in a dormant condition in the original wound, until morbid phenomena develop themselves in the part, to be quickly followed by the general symptoms. Too much stress cannot be laid on the absolute necessity of a thorough excision of the wound, and other local treatment, as soon after the bite as possible, or whenever any symptom, local or general, may manifest itself, and this irrespective of the length of time elapsed since the wound or first cause.

It may not be useless to remark, that, in no case, should the dog be killed, but rather should he be carefully secured; for, if he should die, the bitten person is no better off; and should the disease not occur nor the dog die, what an inconceivable amount of anxiety and terror will be spared to the individual and family. No good can result from killing the dog (except what can be obtained by his strict confinement), and yet that unnecessary act, as far as the bitten person is concerned, is the first thing done. The rabid dog is said, by Mr. Youatt, never to have fits or dread of water, which last he will seek with avidity, and lap for some time, while there exists an inability to swallow, from a paralysis of the muscles of the jaw and throat.

The earliest symptoms of madness in a dog, says Mr. Youatt, whose experience in this disease has been most extensive, are, sullenness, fidgetiness, constant change of posture; a steadfast gaze, expressive of suspicion; a constant licking of some part of his body, on which, most frequently, will be found a scar, where previously bitten; occasional vomiting; a depraved appetite, soon noticed by picking up and swallowing pieces of thread, hair, straw, and often lapping his urine and devouring his excrement. He flies fiercely at strangers, becomes impatient of correction, is quarrelsome with his companions, when chained will make evident efforts to escape, and, if at large, will attack those only who come in his way.

The expression of countenance is early remarkably changed; the eyes

glisten; about the second day a considerable discharge of saliva comes on, which continues for ten or twelve hours, and is followed by insatiable thirst. As soon as this flow of saliva has ceased, he appears to be troubled with a viscid matter in the fauces, working hard with his paws to get rid of it.

A loss of power in the voluntary muscles next occurs; the lower jaw hangs down, though frequently the paralysis is not complete. The animal staggers, falling frequently, whereas previously he had been in constant motion. His howl is short and peculiar, and his bark hoarse and unnatural. The respiration is laborious; the inspiration is attended with a singular grating, choking noise. Death generally occurs on the fourth or fifth day.

*Treatment.*—A great number of the articles of the materia medica have been resorted to for the cure of hydrophobia; but many, if not all heretofore used, are really useless, as time and failures have conclusively proved. The injection into the veins of different active substances has been proposed and tried by Magendie and others, without any positive cures, though the excessive nervous irritability has been calmed by injections into the veins of a solution of morphia. Were it not for the discovery of chloroform, that powerful controller of nervous action, and which judiciously though heroically used, it is reasonable to believe may prove curative, this injection into the veins would deserve further trials.

Although, when alluding to the curability of hydrophobia, we touch upon debatable ground, there can be no question of the real efficacy of a preventive plan, which it is necessary to enforce rigidly, as soon after the wound as possible. By adopting such a course, and the free use of chloroform, it is more than probable a large number of cures will be reported.

The first and most important remedy with which to commence the treatment, in case the preventive excision has been neglected, is a complete excision of the entire wound; for, although many persons, bitten by dogs proved to have been mad, do escape an attack, it is never allowable to act upon that presumption. Even in cases where a reasonable doubt may exist, it is all important to resort immediately to such an apparently severe remedy, it being preferable to enjoy the absolute immunity afforded by the operation early performed, rather than suffer the torture of the imagination dwelling upon the possible and inconceivable horrors of the disease. Should the bite have been inflicted in a joint, where no positive certainty can exist that all of the poison has been removed by excision, washed out, or the parts thoroughly touched with caustic, amputation alone can be depended upon; and, if no doubt should exist of the rabidness of the animal, this should be resorted to.

After having thoroughly excised the wound or wounds, cupping glasses should be continuously applied for one or more hours, it having been conclusively proved, by experiments, that the absorption of the most deadly poisons not only cannot proceed, as long as the application of glasses or suction is made, but, that, if continued sufficiently long, the poison will be entirely removed. The experiments of Dr. Barry and others show—

1st, That the application of cupping glasses to a poisonous wound will prevent the absorption of the poison, and consequent injurious effects.

2d, That the application of a cupping glass to a poisoned wound, even after a portion of the poison has been absorbed, and begun to manifest its effects upon the system, will arrest its further progress, and prevent their recurrence, as long as the cup or cups are permitted to remain on the part ; and,

3d, That after a cupping glass has been applied for some time, the parts may be thoroughly washed with soap and water, and all unpleasant consequences avoided.

The bitten part having been completely removed by excision, and the cupping glasses having been applied for a considerable time, it is necessary to touch every part of the wound with a strong solution of lunar caustic, or pure nitric acid, and then to introduce into the wound a soft ointment of Spanish flies, basilicon, and turpentine, and over all apply a warm bread and milk or flaxseed meal poultice, every hour, to produce and keep up free discharges.

The propriety of adopting this prescribed course derives additional value from the fact that, in two individuals bitten by the same dog, no inconveniences resulted in the case where the wound remained open, or would not heal for months ; while, in the other, where the wound healed in a short time, the usual symptoms manifested themselves at a future period, eventuating in death.

In cutting out the wound, generally made by one or more teeth, the following directions were given by the celebrated Abernethy—"Cut out effectually the cell into which the tooth has gone, by introducing a wooden skewer, cut in the shape of a tooth, into the cavity formed by it, and then remove the whole by an elliptical incision, cutting all around and beyond the skewer of wood."

The pain resulting from an effectual application of the remedies above noticed, is very great, to allay which, it is necessary to administer large and frequently-repeated doses of laudanum, or solution of morphia, by the mouth as well as by injection, the quantity and frequency of repetition necessarily depending upon the effects produced. The use of laudanum in very large doses throughout the whole course of the disease, is alone calculated to alleviate the sufferings of the patient, and by many is considered, in a curative point of view, the only remedy worthy of confidence.

An occasional powerful operation on the bowels is strongly recommended by some practitioners ; while others insist upon the importance of maintaining a constant free discharge from the bowels, for which purpose a large dose of calomel, followed by one or more drops of croton oil, in sweet or castor oil, or mucilage, and an active cathartic injection of senna and salts, will generally be most likely to succeed.

The continued use of nauseants, as repeated doses of a solution of tartar emetic by the mouth, and tobacco injections, with the view of their relaxing effects upon the system, has appeared in some cases to have proved useful.

The use of mercurial preparations to produce profuse salivation, has

received the sanction of many medical men, and not a few cases are recorded of cures following such a course.

The frequent employment of a hot water or vapor bath, continued for a considerable time, is asserted to have proved serviceable in hydrophobia, both as a palliative and a curative agent.

In the commencement, as well as in the more advanced stage of hydrophobia, the repeated application of cups to the breast and spine, followed by blisters and counter-irritants, are powerful remedial agents, well calculated to counteract the cause upon which the spasmodic constriction of the muscles of the fauces, throat and chest depend.

Mr. Youatt strongly recommends large and repeated doses of belladonna, as a palliative and curative, to be used in conjunction with the above means.

There having been observed, in some cases of hydrophobia, a decided intermission of the paroxysm, during which the patient was free from any unpleasant symptoms, it seems a just inference that the administration of one or more large doses of quinine in quick succession might prove permanently beneficial.

In conclusion, it may be remarked, that, from the recorded cases of hydrophobia, the excision of the wound, the application of cupping glasses to the wound, as well as to the spine and breast, followed by the most active and permanent counter-irritants, active purgation by drastic cathartics, copious injections, nauseants by the mouth and rectum, large doses of laudanum, and, in the latter stages, stimulants and cordials, are, when the disease has fairly commenced, the principal means upon which any reliance can be placed to conduct the case to a successful termination.

December 15, 1853.

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#### OBSTINATE PARALYSIS OF THE URINARY BLADDER AND COMPLETE RESTORATION AT CHILDBIRTH.

[Communicated for the Boston Medical and Surgical Journal.]

THIS case occurred in the person of Miss H., about 17 years of age, in November, 1851. She was first taken with pleurisy, from which she recovered in the usual time; but the bladder seemed to be left without the power of expelling its contents, forming complete retention—so much so, that the catheter had to be used three times a-day for nearly three weeks before there was any effort to void the urine. The general system seemed in every other respect, save this local disturbance of the bladder, to be in good condition; and this local disturbance of the bladder appeared to be clearly that of *paralysis of its muscular coat*. For fear, however, that some inflammatory action about the neck of the bladder might cause contraction of its sphincter, and thus produce the retention complained of, a few leeches were applied as near to the part as convenient, but without any effect. Belladonna was introduced into the vagina, and rubbed over the os uteri and about the neck of the bladder, with the hope that from the contiguity of the parts, relaxation might be induced, and spasm (if any existed) might be overcome—but all to no

purpose. Granville's lotion was applied along the spine; also blisters, with the view that the nerves of the bladder were torpid, and wanted stimulating into action—but all without effect. Strychnia was now used, in pills of 1-12 grain doses, and but two were taken before the bladder resumed its function.

After a few months the bladder again lost its power, and the strychnia was again resorted to, but it now failed to produce the same good results, and the paralysis continued in spite of any and every kind of treatment—so that she had daily and constantly to use the catheter for about twelve or fourteen months without any intermission. At this time the birth of her first child took place, when, and even while labor was progressing, the bladder resumed its function, the whole difficulty vanished, and there has been no return of it since—a period (to the time of writing) of about two weeks.

Several interesting points present themselves in the above case, for solution, as follows:—

Was the bladder paralyzed? If not,

Did pressure of the impregnated uterus prevent its action? But the bladder was in this way before the uterus became impregnated.

Did a retroverted uterus, then, by pressing against the neck of the bladder, cause the difficulty? But the strychnia succeeded at one time, when of course there could have been no such pressure from retroversion or gestation.

Such are some of the difficulties which present themselves in this case.

Dr. Roberts, who attended this lady in her confinement, and who also was familiar with this long-standing condition of her bladder, is clearly of the opinion that the bladder was in a state of paralysis, and that the long-continued pressure of the uterus acted as a constant and gentle stimulus, and when this pressure was removed, that the bladder was enabled immediately to resume its function.

This solution, however, does not explain the difficulty which was equally great during the period previous to this lady's marriage, and when the uterus was, consequently, not in a condition, from impregnation, to press upon the bladder, and yet its function returned. But still we believe the bladder was in a state of paralysis—as the prompt action of the strychnia in restoring its function seemed clearly to prove, which could not have been the case had pressure to any extent, from a retroverted uterus, as previously intimated, existed. Now we believe it is generally regarded that retroverted uterus, if not a direct, is at least an indirect, cause, by its pressure upon the neck of the bladder, in producing first retention of the urine, and then of paralysis of the bladder itself—so that such pressure as this latter, instead of correcting the mischief, seems rather, on the other hand, to be the sole cause of its existence and continuance.

If we now apply this reasoning of pressure from the retroverted uterus, to pressure from the impregnated uterus, upon the bladder, it would seem that we could not calculate much upon pressure in making a paralyzed bladder resume its functions.

The difficulty still remains—what was the cause of paralysis in the

bladder in the case of this lady? And how much agency had gestation and labor in removing such paralysis? We leave these questions in the care of more experienced observers, and will simply conclude by saying it is an extremely interesting fact to know that a long, and obstinately-protracted case of paralysis of the bladder, was cured on the delivery of the child.

*Baltimore, Md., Dec. 22d, 1853.*

W. R. HANDY.

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THE LATE PROFESSOR HORNER—PECULIAR IDIOSYNCRASY.

[THE following is extracted from an Introductory Lecture by Professor Samuel Jackson, of the University of Pennsylvania, delivered before the faculty and students Oct. 10, 1853. The lecture is intended as a discourse commemorative of the late Wm. E. Horner, M.D., of the same University, and contains a brief but comprehensive sketch of his life and a faithful delineation of his character. To those who were not personally acquainted with Prof. H., the extract given is mainly interesting as descriptive of a peculiar mental organization, the influence of which upon bodily health and the operation of remedial means, as exhibited in medical practice, every physician is aware of.—Ed.]

It would not be doing justice to Dr. Horner, or give a correct idea of his energy, self-command, and indomitable resolution, or a true conception of the disadvantages under which he labored, the long unceasing struggles he sustained in his progress, and the heavy cost at which his success was attained, did I not reveal a peculiarity of temperament, or psychical idiosyncrasy, never observed or suspected to exist, by his most intimate associates and friends, or even by a large portion of his family circle.

While his exterior life appeared clear, bright, calm and prosperous, his interior life was dark, desponding, agitated with vague apprehensions, and every mental effort a conflict, a struggle, and a victory.

Amongst his papers is one entitled "My own Constitution," dated 1838. The following extracts will exemplify the condition I have mentioned: "It was considered at school that I learned with facility; but I never believed it. I have had headache or dull pains in the head three fourths of my waking life, seldom acute, but always such as to make me uncomfortable, and prefer solitude to company.

"Short intermissions of this state of suffering have occurred. I have then felt illuminated as the earth is when the sun emerges from behind a cloud. I have then hoped for a pleasurable existence, but it proved delusive, and I quickly relapsed into my ordinary state. Considering this serious obstacle to mental improvement, I wonder how I have made any advances, and especially such as to have given me an honorable station among men."

A little farther he writes: "My spirits get into so deplorable and hypochondriac a state, that I have a thousand times thought death would be a most welcome visitor, and have almost envied those whom I have just heard to have passed from the bondage and anxieties of this life.

"As I grow older, my system is evidently getting more and more under the influence of the preceding causes. From the smallest article of food used in the evening, the next morning I am rendered uncomfortable in the extreme; my mental faculties are hebetated, and I am so vertiginous as scarcely to be able to collect my ideas or go on with a demonstration. The latter state has indeed become so constant and frequent, that I have frequently thought my labors as a public teacher were becoming too imperfect and confused to deserve respect, and that it would be better, perhaps, for me to retire and seek for some other occupation."

The journal to which allusion has been made, kept irregularly, with long intermissions, is a history of this most remarkable mental conflict, of this life-struggle, continued, with but short intervals during existence, perverting all its blessings, and overshadowing every enjoyment with a sense of desolation. This state of mind recalls the fabled Eumenides of the ancients, pursuing their victim with relentless persecution. In 1826, in looking into himself for a solution of this mystery, he asks: "Does this feeling depend upon an act of injustice or of turpitude which I may have committed at a former period of life, which now, preying upon my conscience, destroys its rest? None such is in my remembrance, but my actions have not been perfect. I have attempted to walk faithfully before men; but have I walked faithfully before God?"

On this point he would not acquit himself. Had this desponding state of mind been limited to his religious opinions and state, it might have been attributed to an excessively sensitive, or to a morbid condition of conscientiousness, that could not be satisfied with any performance of duties or religious services.

But there was no such limitation. It was not confined to a single sentiment, or train of thought, or particular views. It was general, embracing every view of life; it was diffused over the whole mind as a common feeling. It resembled a continued polar night, illuminated by transient coruscations.

Almost every page of his journal furnishes evidences of this state of mind, of his undaunted courage in sustaining the conflict, never yielding, constantly rallying and summoning all his resources to resist the assaults of this inexorable and internal foe to his peace and happiness, an adversary planted in his path opposing his progress in ceaseless contest. A few extracts will suffice to verify the accuracy of the statement I have made, and to prove what appears to me a most extraordinary psychical phenomenon.

In 1821, Dr. Horner made a visit to Europe. In respect to it he says: "I do not remember any period of my life more painful, more distracting, which seemed to paralyze more completely every power of my mind, or to destroy more effectually every capability of pleasure. Notwithstanding the diversified and engaging scenes of a European tour, I do not think that for a twelvemonth at least, I had a single unalloyed sensation of pleasure; all was blended with a fixity of mind on distressing subjects, which no effort could dispel or allay. In fact, I thought my existence for the future must be under the influence of invincible melancholy, if not of fatuity."

Yet, during this period, the journal of that tour shows him to have been active, diligent in observing and investigating every subject of professional interest, and that could conduce to his improvement. It does not show a trace of this unhappy state of mind.

In February, 1826, he re-commenced his journal, after an interruption of six years. That period had been one of uninterrupted prosperity. He had married the only woman whom he had ever loved, and for whom he felt an unabated attachment. He was the father of two fine children; he had gained an enviable position, was Adjunct Professor to Dr. Physick, whose entire confidence and friendship he enjoyed; he had accumulated a sufficiency to secure his independence, and had succeeded in advancing, by his industry and individual labor, the Anatomical Museum of the University, from an insignificant collection, to one of great interest and importance. After enumerating, dwelling on, and acknowledging with gratitude these great blessings, he continues: "In all of these things I have achieved what, ten years since, appeared to me so much beyond my ability, so much beyond probability, and at the same time so desirable, that, at that time, I should have considered their actual accomplishment as a source and means of happiness which would last through life. Why is it that I still find myself discontented, restless, anxious for the future, frequently desponding, and often miserable? Why is it that the possession of money does not give me the pleasure expected from it? Why is it that the honors of my profession, which, in the rapidity of their coming, have placed me before my competitors, are not felt as such, and are become vapid? Why is it, that unquestionably the most precious ties on earth, those of husband and of father, which promised so much of solid comfort, and such a rallying point in life, do not excite in me an active sense of enjoyment?"

The following record is of date April 26, 1829:—

"I go to bed dissatisfied, taciturn, and looking for no greater comfort on the day to come, than I have enjoyed during the day past. Such is the unprepossessing picture of my life at the present time, and such has it been during the last six weeks; enjoyment has ceased, happiness has fled; I am inactive, worthless, lethargic.

"On former occasions I have been removed from this unworthy and degraded condition, by adopting rules of conduct; and now, hoping for a renewal of divine grace, and submitting to its will, I promise to adopt the following as the basis of my conduct."

Then follow ten rules, modifications of former regulations, that had from time to time been adopted with the same intentions. During the following month, is recorded a mitigation of his mental sufferings, and at the close of it he states: "I now begin to find my mind returning to that state of composure and quiet confidence in the mercies of God which I have from time to time enjoyed."

This intermission was of short duration. A week after, June 17, he writes: "This week has been one of gloom and heaviness, in the midst of the observance of my resolutions. I can attribute it to nothing, except the hypochondriac tendency of my mind."

This "dark fit" hung over him for the two next weeks. On the

21st of June, he continues his journal in the same desponding tenor : "I find it vain to resist the current of one's nature. I am at the present moment, just as I have been for the last four months, a confirmed and dissatisfied *ennuyé*. Discontented with myself and feeling no pleasure or satisfaction in the things around me, and finding every plan abortive, either in study, religion or amusement, from which I hoped to obtain that steady and enduring quietude of mind, which I have on former occasions enjoyed. I must now make up my mind to move down the current of life on those terms that destiny, my peculiar nature, and my particular pursuits seem to have imposed unchangeably on me. I thank my Creator for the many unmerited favors I have received, and am constantly receiving at his hands. I ask pardon and forgiveness for the ingratitude of my nature, which prevents my mind from being illuminated with a single ray of joy, in reflecting on all His goodness. In the midst of the means of happiness, I am the victim of an unhappy destiny ; my mind is cast in a mould which makes it insensible to the best gifts of Providence ; and all that remains for me, is to submit resignedly during the remainder of the voyage, now drawing to a close, down the overflowing stream of time."

The unhappy and disabling affliction, revealed in the foregoing extracts, was manifested in no exterior sign. The fact must take by surprise all acquainted with him, as it did myself, so long his associate. With what heroic bravery, with what stoical fortitude was it borne ! No complaining, no murmur was heard. Every engagement was kept, every duty fulfilled, no necessary labor avoided, no inattention to what he undertook, earnest and zealous in every measure to promote the efficiency of the medical instruction of the University ; no stinting of himself to the mere duty imposed on him as a teacher of special anatomy, but adding additional lectures, at extra hours, on general and topographical anatomy. These things and others, all the exertions nearly of his life, were done under the pressure of a moral weight that would have crushed those endowed with far more vigorous and capable mental faculties to the earth.

#### ADVANTAGES AND PLEASURES OF A PHYSICIAN'S LIFE.

FROM THE LATE INTRODUCTORY LECTURE OF PROF JONATHAN KNIGHT, OF THE MEDICAL INSTITUTION OF YALE COLLEGE.

ANOTHER advantage of the medical profession is, that the mind of the physician is not, and if he is in any degree faithful to his duties cannot be, continually occupied with mere pecuniary matters. He has a right, to be sure, to look forward to a fair remuneration for his services, and usually receives it ; but his mind must be mainly occupied with other and higher interests. His duty to his patients, his anxiety for their recovery, his careful study of their diseases and of the means of relieving them, will engross his best and most diligent thoughts, and he will soon find that there are other books more interesting than his day-book and ledger. It is a misfortune attached to any employment, that its pecu-

niary results are its principal attraction. The business that is necessarily begun and pursued under the influence of the often-repeated and much-praised maxim, a penny saved is two pence clear, and a pin a-day is a groat a-year, cannot do much in elevating the mind, or ennobling the feelings, or in raising the man much above the earth on which he dwells.

It is true that such employments may be and often are followed by the liberal-minded man, without self deterioration; still their tendency is to belittle the mind, and to narrow the feelings into the compass of selfishness. I do not mean by this that a business is to be avoided as injurious merely because it is profitable; a gainful employment may be safely followed, so long as the occupation which it gives to the body and mind is its principal attraction.

The mechanic may construct a machine in the hope of a large reward, and yet receive a far higher gratification from the successful exertion of his faculties, and this may be and often is the controlling motive of his labor rather than the pecuniary result. The merchant, while his gains are counted by thousands, may yet be more richly rewarded by the consciousness that his is the controlling mind of large and important interests, that he is successful in developing the resources of his country, and that he is ministering largely to the happiness of his fellow men. In all such cases, though accumulation may follow thrift, yet to accumulate is not made the chief purpose of life. From the temptation so prevalent in many other employments, to pursue gain with greediness, the physician is guarded, by the full and constant pre-occupation of his mind by other and higher thoughts, as well as by the early-learned truth that such a pursuit will be unavailing. The physician who engages in his business with the purpose of becoming rich uppermost in his heart, is very apt soon to leave it, and to become the nostrum monger, or the "pathy" follower, or to engage in some pursuit more congenial to his spirit, and more likely to gratify his desire. This freedom from temptation to petty gains, and resulting avarice growing out of the business of the physician, is one of its important advantages.

Another advantage of the profession, and one which contributes largely to the happiness of the physician, is that it compels him to possess or to assume cheerfulness of disposition, kindness of demeanor, and a readiness to perform acts of beneficence. These constitute no inconsiderable portion of his stock in trade, and without a liberal share of them he will soon become bankrupt. He must be kind to his patients, considerate of their feelings, patient of their complaints though they may often seem to be unreasonable, and ready to afford them consolation and relief. He must therefore cultivate these feelings until they become a part of his very constitution. He who commences a course of this kind from the necessity of his position, will soon learn to continue it from the love of it; as the features which often called upon to express any one of the strong emotions of the mind, joy or sorrow, pleasure or pain, will become ultimately formed or moulded, so that what at first was transient, will become their habitual expression, so the mind into which any strong emotions habitually enter, whether of necessity, and more especially, when of choice, falls more and more under the influence of such feelings, until it become the

controlling power of its actions. This in-working of the kind feelings which he is so often called upon to express and to experience, is so effective, that it is rare to find a physician advanced in life, who is other than a cheerful, social and benevolent man. The influence of this state upon his own happiness can hardly be over-estimated. It is a law of our nature as definite and as operative as the law of gravitation in its effects upon material bodies, that to do good to others, is to gain it for ourselves, and that our own happiness is very nearly in proportion to the active exertions which are made to promote the happiness of our fellow men.

After all, however, the chief source of the physician's enjoyment springs from the successful result of his efforts to relieve distress, remove disease, and rescue the dying from their danger. As very much of his often disheartening anxiety and despondency is occasioned by the unfavorable termination of the cases submitted to his care, so his greatest joy grows out of those which end favorably. And it is to be remembered that by far the larger number of cases, even of dangerous diseases, end in recovery. There is a pleasure, unappreciable except by experience, in the consciousness of power over disease and of ability to conduct it to a favorable end; there is joy that the life of one dear to many and perhaps important to the community, is saved; there is the feeling of gratitude fairly earned and often liberally bestowed. It is doubtful whether the physician ever feels a more honest and gratifying elation, than upon the recovery of his first patient from dangerous sickness. It is difficult to describe the emotion of the physician, who after long watching the progress of a dangerous sickness, first sees the light of hope breaking in upon the darkness with which it has been shrouded.

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#### EXPERIMENTS ON THE USE OF COD-LIVER OIL IN FATTENING ANIMALS.

BY JAMES E. POLLOCK, M.D., ETC., LONDON.

IN the course of a careful observation of the effects of cod-liver oil, it occurred to me that experiments might with great advantage be performed both on the healthy human subject and on cattle, with a view to ascertaining its positive powers of fattening when the assimilating functions are in a normal condition. With the use of this agent in arresting the progress of chronic disease we are becoming daily more familiar, and have already run into an extreme which might have been anticipated, in expecting extravagant results and an universality of application which we have not as yet discovered to be the property of any remedy which we possess. It were likely to prove a corrective to these extremes were we to study with minute care and observation the physiological effects of our favorite drug, and rather to permit our theories explanatory of its action to take their rise from experiments, than to develop themselves from the chemical composition of the oil, which contains ingredients sufficiently numerous to puzzle the most ingenious chemist in his attempt to appor- tion to each its effects on the animal economy.

The points to be ascertained with precision seem to me to be—first, whether the deposition of fat in healthy animals can be increased by the administration of cod-liver oil ; and, secondly, the limits within which its action is manifested—a consideration which includes defining the quantity which, when taken, is assimilated into healthy fat, and in excess of which disease is generated.

Leaving the more general and highly-interesting questions regarding the bearing of these points on disease for future observations, I will shortly state what little practical information I can offer towards an elucidation of these questions.

About two years ago, when on a visit to an intelligent friend residing on his own farm in Essex, and whose attention has been actively directed to the practical application of science to agriculture, it occurred to me to suggest to him the use of cod-liver oil in fattening cattle, stating my belief that it might be possible to obtain by its administration a decided saving in the cost of feeding. I proposed that he should separate off such of his stock as were to be the subjects of experiment, and that the weight of the animals, the price obtained, and the outlay for food, should be carefully noted in comparison with others fed in the ordinary manner. The variety of my friend's occupations prevented his giving to my plan the minute attention which could have been desired, and the results of which I had hoped before this to publish ; but the following letter from him contains matter of much interest, and, if I mistake not, foundation for future experiment and investigation.

“ You asked me to write you some particulars of my experiments upon fattening animals with cod-liver oil. I will not attempt to give you any very minute details, but will endeavor to place before you a general view of what we have done. and as last winter I carried my plans out more fully than the preceding one, I will particularly speak of my operations at that time. And first of pigs. I kept upon an average three hundred, and killed from twenty to thirty per week, mostly porkers, from five to fifteen stone weight. The experiments were made by dividing off twenty pigs, and weighing each lot, keeping the meal separate, giving one lot two ounces of oil per diem, and both as much meal as they liked. I found the pigs taking the oil ate less meal, weighed the heaviest, and made the most money per stone in the London market, the fat being firm and white. Subsequently I have found that for small pigs one ounce of oil will do better. To larger pigs I have given a quarter of a pint per diem, and to small pigs also, but I have always found I lost money and credit for good pork when the larger quantity was given, and when killed the fat was yellow, and the flesh tasted fishy. From the weekly examination of so many pigs, I have concluded that the oil in no case cured a pig troubled with lung disease, but that when given in small quantities it was profitable, as the animal fattened upon a less amount of food, the oil tending to produce fat quickly. My experiments have led me to conclude that if given in a quantity which cannot be digested it is then passed over the system in the shape of bile, so as to cause the yellow appearance in the fat. The farmer

in such case would lose money, as my man did for me, believing that if so small a quantity were good, more would be better.

“The result with sheep has been more satisfactory ; with one ounce per day the fat has been beautifully white, and the flesh has been compared to short-cake, being light and easy of digestion. The lot of eighty gave general satisfaction to the consumers ; but the butchers complained of lighter weight than the healthy, well-to-do appearance of the sheep led them to expect.

“As regards bullocks. Last year ten short horns took each from a quarter of a pint to three quarters of a pint daily, and paid better than any other bullocks ; these were sold for London. The opinion of all who saw them was, that it was impossible for any beasts to go on so well as they did in the usual way with so little food. They commenced with the quarter pint, and ended with three quarters. I fancied, on the whole, that they did better on half a pint per diem. I purchased for an experiment this year eight Herefords, even or regular beasts. They are divided into two lots, one of which has a quarter of a pint of oil daily, and all live alike.

“The bullocks have the oil mixed up with meal and chaff ; the pigs with dry meal ; the sheep have split beans soaked in oil. The commonest cod oil costs from 2s. 8d to 3s. per gallon. I have tried sperm oil against cod oil, and prefer the latter. I should add that this year I only use an ounce for sheep and pigs, and four ounces per day for each bullock. The relief to a broken-winded horse from the administration of cod oil is very soon perceptible.”

1. It will be observed that in the above experiments on pigs, bullocks, and sheep, a greater degree of fattening was obtained from a less amount of food when cod oil was used.

2. That in all the animals there seemed to be a decided limit to the quantity which could be digested ; that for pigs being two ounces, the smaller thriving best on one ounce, and the larger hogs being over-fed on four ounces per diem. Sheep took an ounce, and bullocks a quarter to three quarters of a pint, and “*paid better than any other bullocks ;*” but in all these cases a much larger quantity was tried experimentally, and it invariably disagreed, producing derangement of digestion, and “causing a yellow appearance of the fat and a fishy taste.” This was remarked by the butcher who purchased the animals, and who, at my request, was not informed of the peculiar mode of fattening which was adopted. Whether the above experiments may induce farmers to adopt cod oil as a judicious article of food, more efficacious and cheaper for fattening their stock than those ordinarily used, I will not presume to decide ; but I offer the foregoing results to the profession, persuaded of their importance and interest in studying the application and physiological action of oils on the animal system.—*London Lancet.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JANUARY 4, 1854.
 

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*American Medical Association—Assistance to its Committees.*—We present below a circular from each of the Chairmen of two Committees appointed by the American Medical Association. That by Dr. Hooker was received directly from him, to be laid before the profession in this part of the country; and the other, by Dr. Bolton, we take pleasure in copying from our southern exchanges. With regard to the first, we should consider it a reproach to the medical faculty of the North if another meeting of the Association is allowed to take place without a report being made from the Committee—and they certainly cannot present a satisfactory one unless assistance is rendered them by their brethren, and that speedily. It is well known that Dr. Hooker, the able Chairman of the Committee, will turn to good account all the material that may be furnished. The Committee on anæsthetic agents have a most important matter in their hands. They, too, must depend upon aid from the faculty, who are, throughout the whole country, called upon for the facts that may be in their possession in regard to the subject. Other Committees will also need the co-operation of the profession, who it is hoped will render it cheerfully, as the objects of the Association can be fully attained in no other way than through the prompt and efficient action of its Committees.

*To the Medical Profession in New England and New York :*

The undersigned, Chairman of the Committee on Epidemics in New England and New York, in order to make a Report at the coming session of the American Medical Association, must have material for this purpose from medical men in different portions of the field indicated. No report has been made from this section since the appointment of the Committee at the session in Charleston, in 1851, *simply from want of such material*. The Chairman would therefore call upon such of the profession in New England and New York, as have in their possession interesting facts, or results of general observations in regard to epidemics, to furnish them to him, that they may be embodied in his Report. It would be well to have the observations cover all the period since the appointment of the Committee, viz., May, 1851. It is not deemed necessary to specify the points on which persons can report, as these will readily suggest themselves.

It is desired that all communications be forwarded by the 1st of March.  
*New Haven, Ct., Dec. 20, 1853.*

WORTHINGTON HOOKER.

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*Anæsthesia in Midwifery and Fatal Effects of Anæsthetic Agents.*—The undersigned was appointed by the American Medical Association to report on the above mentioned subjects at its next session in St. Louis. He therefore respectfully urges his medical brethren to make extensive and close observations on anæsthesia in midwifery, and also to analyze carefully all alleged cases of death from the use of anæsthetic agents, and to forward the results to him before February 1st, 1854. The latter cases must be those only occurring within the present year of the Association.

*Richmond, Va.*

JAMES BOLTON.

*The United States Thermometer.*—One of Dr. Slack's newly-graduated thermometers has been received. A patent has been obtained for it, and they will soon be on sale. The instrument is beautifully made; and notwithstanding the difficulty of substituting a new and untried article for an old and familiar one, the advantages of this are so apparent, that it will in time, we think, supersede that in common use. Since the publication of the article in the *Journal* of Nov. 16th, the following additional remarks have been received from Dr. Slack.

"I feel quite confident myself, that scientific men will see the advantage and fitness of my instrument and give it a favorable reception. I might have added to my article in your *Journal*, that Fahrenheit's instrument was altogether unfit for the use of our most southern States. South of Columbia, S. C., the thermometer is never seen so low as zero. That point to them is worse than Greek. They can have no correct apprehension of it. It is the common impression that Fahrenheit obtained his zero by a frigid mixture, composed of equal parts of snow and salt. But I think this could not have been, as such chemical mixtures were not in use until long after his time. The zero of Fahrenheit is the lowest point to which the thermometer ever sinks at London, and I take it that this was also the point to which it sunk at Leipsic, where the thermometer was probably graduated by Fahrenheit. The zero of Fahr. is therefore the extreme degree of cold at Leipsic, in Germany, rather a queer starting point for us to go by, as every other place also has a zero as well as Leipsic. The cold of snow and salt must be a mere coincidence. The same point, I presume, might be produced by twenty other frigorific mixtures. The science of chemistry did not commence until the time of Dr. Black, which was more than half a century after the improvement of the thermometer by Fahrenheit.

"Is the sensation of cold altogether a relative thing? In Newfoundland, ten degrees to the north of us, the spring-water, or well-water (which is about the same thing), is ten degrees colder than ours, or 38° Fahrenheit. Does this water taste any colder to them than ours, which is 48°? In other words, does not the spring water of Georgia, which is ten degrees warmer than ours, taste just as cold to the Georgians as ours does to us? Or as cold as the spring-water of the Newfoundlanders does to them—which is twenty degrees colder than the spring-water of Georgia? I think it must be so, and yet it is a singular fact. Each latitude is accustomed to a certain degree of yearly heat, and from this all sensations of cold appear to arise as it relates to the variations during the year. Spring-water, and all water which comes from forty feet below the surface, is of the same temperature the year round, probably never varying much from one age to another. The people of Georgia experience ten degrees less of yearly cold than we do. Are they not in the same relative position as to the cold they experience that we are? The heat they experience is just as much above their spring-water temperature as ours is."

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*Eagerness for an Extensive Practice.*—There is very naturally an active strife among medical men to obtain business. The great ambition is to be known as the possessor of a large practice, rather than as a writer, a teacher, or a wise or learned man. There are indeed striking exceptions to this remark, as some excellent authors are found in our ranks. But the great majority pursue a different path, and some of them, as it would sometimes appear, would be glad to monopolize all the sick if they could. The instances of disagreement, ill will, and unneighborly conduct between gentle-

men in our profession, oftener proceed from a real or imagined trenching upon each other's beat of practice, than from any other cause. We know persons of generous natures, kind, charitable and obliging in every other respect; yet, if another physician happens, through the caprice of a patient, or from any circumstance, to attend on one of their customers, they give way to a paroxysm of rage. The old-fashioned rounds of family practice are gradually becoming smaller, even in the country towns. A prodigious increase of physicians, beyond the actual demand, together with the multiplication of irregular pretenders, conduces to this result. But this is no cause of complaint, and it is quite useless to fritter life away in a pet, because we cannot retain things in the condition in which we found them. Instead of quarreling with the world because it will not conform to our convenience, it is far better to shape ourselves to the times. A happy disposition is worth more than a vast estate. The public avoid those who exhibit too much eagerness in the pursuit of professional patronage. They distrust those who complain of being neglected. No talent, accompanied by industry and a good moral character, goes unrewarded in this country. People cannot be dragooned into employing certain medical advisers. An article on temperaments, recently published in some of the Journals, had the following couplet:—

“’Twas my pleasure, prayer and pride,  
That man might know how fat I died.”

This is admirably expressive of another kind of aspiration not uncommon among those where a love for something more elevated should be predominant. When avarice gets the ascendancy, physic becomes a mere instrumentality for rapid accumulation. Science is invariably neglected when a morbid craving for trade takes possession of the man. Success in any calling depends upon economizing hours, and improving opportunities for advancement. But even when all has been done, it is ridiculous to lament because our patrons are fickle and our friends die off and give place to strangers. Philosophy and common sense are studies worth pursuing by those of our brethren who are liable to be unduly affected by these changes. But above all they should avoid giving way to envious repining. As a general thing, the difficulty is in ourselves, when our services are not as extensively required as we think they ought to be. The truest test of adequate preparation for the details of practice, is the constant and continued demand for the exercise of our knowledge and skill.

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*Morbus Coxarius, again.*—In the notices which we have already given of Dr. March's treatise on hip-disease, we omitted to mention that an edition of only 100 copies was printed separate from the volume of the Transactions of the American Medical Association. These were done expressly for and at the expense of the author, and the small edition is already exhausted by gratuitous distribution, leaving none to supply the demand upon the author which our first notice and his popularity have created. When Dr. M.'s enlarged work, alluded to in the Journal of Dec. 21, is published, it may be obtained by all who wish it.

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*Felt Splints.*—Prof. F. H. Hamilton, of Buffalo, gives, in the Medical Journal of that city, the following recipe for making felt splints, which he thinks in some respects superior to any in use.

“Dissolve three pounds of gum shellac in two quarts of alcohol. It

should be dissolved in a tin vessel, furnished with a tight cover to prevent evaporation. Spread a piece of old or new woollen cloth on a board, and with a clean brush saturate both sides of the cloth with the solution. Hang it up until it is thoroughly dried. Lay it again upon the board and apply a second coat of the solution to one side only of the cloth. Dry again, and apply a third coat to the same side. There will now be three successive layers upon one side and one on the opposite. While the last coat is yet fresh, fold the cloth so that the side having three coats shall be applied to itself. Now with a hot flat-iron smooth and press the surface together. When it is cold, a slight rubbing with sand paper makes it fit for use.

"It becomes a firm, almost unyielding board, but exposure to a moderate heat will make it pliant, so that it can easily and accurately be adapted to any surface."

In connection with the above, we copy the following notice of a method of applying an immovable apparatus, in cases of fracture, lately introduced into practice in Paris. It is given in a letter from Dr. Williams, of Cincinnati, to the editor of the *Western Journal*.

"The many-tailed bandage of Scultetus is prepared and wet with water. A portion of plaster of Paris, such as is commonly used in stucco work, thoroughly dried for the occasion, is sprinkled upon each strip, which is instantly applied. In a few seconds the whole bandage is perfectly dry and solid—as soon as the stucco sets. The advantages are that, drying instantly, it maintains its own extension and counter-extension, and the limb cannot easily shorten. To prevent irritation of the skin, the limb should be enveloped in a roller before the application of the plaster."

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*Report of the Howard Association of New Orleans.*—It is truly remarked in this report, a copy of which has just been received, that the proceedings of the Howard Association may well be regarded as a history of New Orleans during the epidemic of 1853. The report contains, first, the number of cases of yellow fever which came under the care of the Association, with the nativity of the patients; second, a list of the contributions which were so generously contributed from all parts of the country; third, the expenditures; fourth, remarks; and, fifth, a list of the active members of the Association. The following extract will show the results in a more condensed form than we could otherwise give them.

"It will be seen by reference to the above statements that the total receipts of our treasury since the 14th of July—on which day we regularly organized for action in view of the impending epidemic—have amounted to \$223,927 46; and that the sum expended from the same date, is \$159,190 32, which together with an approximated estimate of \$3500, for outstanding debts, is \$162,690, 32; leaving a balance this day of \$66,237 14; of which balance, \$36,000 is invested in mortgage on real estate, bearing 8 per cent. interest per annum, and \$30,000 specially deposited in bank, subject to draft after 15 days' notice, and bearing 4 per cent. interest per annum.

"The total number of cases of yellow fever attended to in this city, as per returns of the members, is 11,088, to which we might add several thousands of cases in the surrounding country, where the offices of the Association have been extended, and where, in many instances, in addition to the means forwarded, our members have attended in person."

Of the whole number of patients, 5845 were natives of Ireland, 2890 of Germany, and 716 of the United States; 5203 were males, and 5885 fe-

males; 9415 were adults, and 1673 under 16 years; 2942 died, and 8146 were discharged, cured.

We regret to notice, that in the list of contributions those from our city do not appear. They were forwarded, we believe, to New York, and are probably included in the \$58,183 76 credited, in the report, to the citizens of that city. The names of other large cities, with the amounts, are found in their alphabetical place, but the name of Boston is no where mentioned. It is the more to be regretted, as this is an official document, and will long remain as a memorial of the fraternal sympathy and generous aid furnished their stricken brethren by the citizens in every part of our republic. This aid is most gratefully acknowledged in the report.

*Quack Medicines.*—We are not credulous enough to believe that any immediate good can result from waging war against that prodigious system of charlatanism and bare-faced impudence which consists in the manufacture and sale of quack medicines:—

“It gives me much despair,” said Sir Richard Steele, 110 years ago, “it gives me much despair in the design of reforming the world by my speculations, when I find there always arise, from one generation to another, successive cheats and bubbles, as naturally as beasts of prey, and those that are to be their food. There is hardly a man in the world, one would think, so ignorant, as not to know that the ordinary quack-doctors who publish their great abilities on little brown billets, distributed to all who pass by, are to a man, impostors and murderers; yet such is the credulity of the vulgar, and the impudence of those professors, that the affair still goes on, and new promises, of what was never done before, are made every day. What aggravates the jest is, that even this promise has been made as long as the memory of man can trace it, yet nothing performed, and yet still prevails.”

The evil, then, is deep-rooted. It springs from the cause that Faraday lamented, when, in dealing a death-blow to “table-turning,” he expressed his disgust for the propagators of this delusion, indeed, but his deeper disgust for those systems of education which made such a delusion possible.

*Virginia Medical and Surgical Journal.*

*A Hospital in Richmond.*—The want of sufficient hospital accommodations has long been felt in Richmond, and we recently urged the profession to unite and petition the Legislature to satisfy the public necessities in this respect. In consequence of the general apathy on the subject, a number of our most respectable physicians, Drs. Deane, Marx, Cabell, Bolton and Roddey, have determined on establishing a private hospital. A commodious building has been purchased, and the arrangements for the reception of patients are being rapidly perfected.—*Ibid.*

MARRIED,—At North Chelsea, 21st ult., Roswell Cutler, M.D., of Boston, to Caroline Amanda Fiske, of Lowell.—At Medford, Dr. C. McQuesten, of Hamilton, Canada, to Miss Elizabeth Fuller, of Medford.

*Deaths in Boston for the week ending Saturday noon, Dec. 31st, 85.* Males, 48—females, 37. Accidents, 2—disease of the bowels, 1—burns and scalds, 1—congestion of the brain, 1—consumption, 12—convulsions, 2—croup, 10—dropsy in the head, 1—debility, 1—infantile diseases, 3—puerperal, 1—epilepsy, 1—typhoid fever, 1—scarlet fever, 4—hooping cough, 3—hemorrhage, 1—disease of the heart, 1—influenza, 1—inflammation of the lungs, 7—marasmus, 3—measles, 16—old age, 2—palsy, 1—rheumatism, 1—smallpox, 1—scrofula, 1—suffocation, 1—teething, 1—thrush, 2—tumor, 1—unknown, 1.

Under 5 years, 47—between 5 and 20 years, 10—between 20 and 40 years, 10—between 40 and 60 years, 9—above 60 years, 9. Born in the United States, 72—Ireland, 12—Gibraltar, 1. The above includes 6 deaths at the City Institutions.

*Arrest of Development in the Fœtus.*—Dr CRISP brought before the notice of the London Medical Society the following case:—Mrs. A—brought her infant, aged eleven months, to the Metropolitan Dispensary on Tuesday last, Nov. 15th. On investigating the child's symptoms, the mother stated "that the infant had only one leg; on examination, Dr. Crisp found the right leg nearly absent, there being only about an inch below the knee-joint, and to this was attached a small, round, integumentary appendage. The mother says that her first child, now nine years of age, has a very large long head, she at the commencement of her pregnancy having been frightened by a horse. During the early months of her last pregnancy, she saw a crowd of persons in the street, and not believing herself to be in the family way, she pushed through the crowd, and was horrified at the sight of a sailor without a leg or legs. Her impression was, when she found that she was with child, that the fœtus would be deformed, but she never anticipated that it would be born with one leg." Dr. Crisp remarked that he had always been a disbeliever in the effect of mental impressions of the mother upon the embryo, as no nervous communication existed between the uterus and placenta; but the instance in question somewhat startled him, and although the occurrence of the deformity might have been merely a coincidence, he thought the case was worthy of record, as it was only by the accumulation of such examples that the question could be ultimately settled.

Mr. Hunt inquired the condition of the funis in this case. He recollected an instance somewhat like it, which occurred in his practice some years since. In this case the arm, instead of the leg, was the seat of the arrest of development. The funis was found longer than usual, and tied in a knot round the arm at the point of malformation. The knot had interfered with the circulation, and arrested the development of the limb. There was no good proof in this case that the mother had been affected with any peculiar impression to cause the deformity.—*London Lancet*.

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*Lethean Liniment* is the very appropriate name given by Dr. Douglass, to a new combination, published by him in the Southern Medical and Surgical Journal:—"It is made by digesting a bar of fresh turpentine soap and four ounces of gum camphor in a gallon of good alcohol for two weeks in the heat of the sun. It is then bottled up while hot, and one drachm of chloroform added to every four ounces, set in a cool place, and shaken occasionally while coagulating. The turpentine affords," says Dr. D., "the best means, in my opinion, of applying chloroform to the skin, because, by its adhesiveness, it holds that volatile fluid longer and more firmly in contact with the surface than any other substance could do. My mode of applying it, is to coat the part well with the liniment and cover it immediately with a piece of good paper, which adheres firmly and produces a gentle burning, tingling sensation, which, in neuralgia, rheumatism, irritability of the stomach, cramp, colic, &c., is perfectly delightful."—*Iowa Medical Journal*.

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*Worm taken from the Human Eye.*—Dr. A. G. Walters, of Pittsburg, has recently removed a worm, about one-eighth of an inch in length, from the right eye of a patient from Indiana. It had increased so much in size and activity within a year or two past, as not only to obstruct vision but to cause great pain. Two unsuccessful attempts had been previously made by different surgeons. It was of a milky color, and very active.—*Pittsburg Jour*.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## ON THE NECESSITY OF RE-VACCINATION.

BY G. BENEDICT, M.D., PHYSICIAN TO THE NORTH-WESTERN DISPENSARY, N. Y.

THE complete failure of vaccination in some instances to protect the system against smallpox, and its partial failure in other cases, has led to various theories and practices. Some have, in a measure, doubted its efficiency, others have rejected it as worthless, while others still have endeavored to discover the reason of such failures, in order, if possible, to obviate them.

Action has wonderfully corresponded with sentiment. Vaccination has been carelessly performed, and suffered to run its course unregarded, or it has been entirely neglected; or, on the other hand, has been performed with due care and watched with interest.

As yet the fact stands as it ever has done. Vaccination sometimes fails, sometimes it seems to exert a complete protecting influence against a most loathsome and very fatal disease. Hence the question, as to the cause of this, is in truth a very important one. It will hardly do to put it aside, by considering the case analogous to that in which specific remedies for various disorders are employed with more or less general success, and yet with now and then a failure. For we have no so-called specific for any one disease, which is not also used with more or less benefit in other diseases, so that, in different states of the constitution, it is productive of good results. We have yet to learn that the vaccine infection affords the least protection to any other than the variolous disease. It is said by some to exert a protecting influence against measles, by rendering the attack less severe; but our own observation contradicts the assertion. The mode, too, of introducing this protecting agent into the system is different from that of other remedies for existing or expected disease. It is with a view to save the patient from the peril and disfigurement of smallpox that it is employed, and for this alone; and this object we believe it capable of effecting. If we attempt to account for its apparent failure in some instances, on the ground that there is a greater susceptibility to variola in some individuals than in others, we are met by the fact, that many thousands of those who would undoubtedly have suffered from, and succumbed to, the disease, have been saved; and this, too, when the operation of vaccination has been so carelessly

performed. If those only who are least liable to the variolous affection are to be benefited, the great value of the discovery is taken from it. I can conceive no better evidence of the great susceptibility to a disease, and the value of any remedy for it, than I find in the generally admitted fact, that, where once many died, the employment of such remedy has diminished and almost extinguished mortality from such cause. Nor need we, as it seems to me, adopt the opinion, that the changes effected in the system at puberty destroy the hitherto protective power of vaccination. A change it certainly is from childhood to adolescence; but that the organization of the solids or fluids composing the body undergoes any such modification as to render an active agent inert, or *vice versa*, is at best hypothetical. It looks too much like the old whim that vaccination should be repeated once in seven years, because in that period its power had all "run out" of the system. The reason is as good in one case as in the other. Comparatively few adults, who were vaccinated in infancy or childhood, are susceptible of successful vaccination. How does this happen if there is such a change at puberty?

Some stress has been laid upon the number and appearance of the cicatrices, as enabling us to judge of the efficacy or inefficacy of vaccination. Doubtless they indicate more or less the efficiency of the pustules, but they alone are not to be relied on. Nor should we judge from the local intensity of the pustule, that it is sufficient or otherwise; for in different individuals and in different states of the constitution, there is great variety in this respect.

We are not permitted to look into the human organism so intelligently as to understand how and by what means all its changes are effected. The action of remedies on the secretions, *e. g.* in various conditions of the system, though the results are often visible and marked enough, is by no means capable of being fully comprehended. And when we come to the question before us—how the active existence of one poison is rendered forever impossible by the previous existence of another and different poison—we hesitate for an answer. The results of experience, however, justify the belief that it is so, and we rest upon this belief as a fixed fact.

A peculiarity in my own person, perhaps not remarkably uncommon in others, has led me to attentive thought and careful observation on this subject. I remember to have been vaccinated in childhood several times, before the presence of the virus manifested itself by the formation of a pustule. It did at length happen, and the cicatrix still remains. While at college, a few cases of variola and varioloid appearing among the students, I was again vaccinated, under the impression, that, as seven and even fourteen years had elapsed, I might now be subject to smallpox if exposed. Here again I received the infection, and had a pustule larger, and, so far as memory serves me in regard to the first, more intense than that. About four weeks from the time of re-vaccination, and after my arm had entirely recovered from its effect, I again vaccinated myself with lymph taken from the arm of a fellow student. Again, and so soon after the second vaccination, I had a large pustule, which went through a regular course, the scab adhering until about the twelfth day. Now

here, after the re-vaccination, I would have been considered as safe as the vaccine disease could render me, and doubtless, had I suffered from variola, my case would have been set down as one of those in which vaccination had availed nothing. And yet was there any reason why I should not have suffered the full force of the disease, had I been exposed? Since that time I have repeatedly inserted the virus in different situations, with no other effect than the slight irritation which is known to follow the scratch of the lancet charged with the poison in those thoroughly vaccinated. My own experience has been partly confirmed by observation. I have re-vaccinated many children, and quite a number of them those in whom I have watched the progress of the first pustule. I have seen the re-vaccination unequivocally successful in only eight cases, and in no instance have I been satisfied that true vaccinia was present the third time. Re-vaccination of adults has been successful in about the same proportion as in children.

My observations have not been sufficiently extensive to establish any new fact, but I make them known that others may observe also, and see if they do not confirm the following proposition:—

*That vaccination, properly performed, and repeated until the susceptibility to the vaccine disease is exhausted from the system, affords entire immunity from the variolous disease.*

It may seem that, by including so much, my proposition is worthless, as it would extinguish not only the genuine disease, but its modification, varioloid. But we are to bear in mind that one, two or three successive pustules may still leave the system unprotected, at least in part. Vaccination should be repeated until nothing like a pustule can be obtained. Let each one observe for himself, until evidence accumulates which shall sustain or overthrow this position; and let no one say that vaccination is not a protection for those in whom the susceptibility to variola is unusually strong, until he first ascertains whether there is not still left some susceptibility to vaccinia.—*New York Journal of Medicine.*

## RECOVERY FROM POISONING BY ARSENIC AND CHROMATE OF LEAD.

BY THOMAS R. H. THOMSON, M.D.

ON the morning of the 3d Sept., while residing in Douglas, I was called to a woman, aged 50, who was supposed to be suffering from the effects of poison. On proceeding to her residence, I was told that some hours previously her neighbors, hearing something fall heavily in her room, rushed in, and found her lying almost insensible, and vomiting and retching violently, which was still going on when I entered, the matter ejected being white, greasy, and viscid. The face was pale, covered with profuse clammy perspiration; the eye sunken, and but for the absence of purging she looked like one in the collapsed stage of cholera. She complained of pain, burning heat, and dryness of the fauces, difficulty of swallowing, with a continual tendency to hawk up, as if something was sticking in the throat. There was no epigastric pain, only slight tenderness on pressure. Headache violent; pulse 132, feeble; tongue moist,

and covered with a greyish fur. By her own statement it appeared that about 3, P.M., on the preceding day, while assisting to wait in a lodging-house, she had taken four dessert-spoonfuls of a yellow syrup contained in a drawer, and, as she expressed herself, "to get the best of it she had taken the thickest of it," which mixture she subsequently found out to be one used for poisoning flies. She afterwards eat a hearty dinner, and felt no ill effects until the evening, when, in consequence of griping pains, and feeling sick, she drank a basin of new milk. During the night the pain and burning heat of the throat came on, and ultimately she fell in a sort of faint while trying to get up and call her neighbors. Having ordered hot bottles to her feet and stomach, I went to the chemist who had supplied the fly poison, and ascertained from his assistant that from a drachm to four scruples of arsenious acid, powdered and colored with about the same quantity of chrome yellow, had been supplied; and on this, sweetened with sugar, it appeared from the statement of the patient, as well as of the parties in whose house she had accidentally taken the poison, that at least a full half or more had been taken, as indeed was afterwards determined by weighing the residue. There being no recently-prepared hydrated sesquioxide of iron ready, the patient's daughter was sent back immediately with two ounces of newly-made light magnesia, with directions to give it in water at two draughts; and finding on my return with the stomach-pump that it had not been vomited up, the contents of the stomach were drawn off, and eventually by threats and solicitations she was induced to take several more basinfulls, in all to the amount of about eight ounces of magnesia, mixed as thick as consistent gruel, repeating the dose almost as soon as the previous one had been brought up, by tickling the fauces with a long coarse feather. As soon as she was somewhat rallied, I ordered her a mixture of gum acacia, olive oil, lime-water, and tincture of henbane, every hour, with plenty of thick solution of gum, and thin flour porridge, all of which she required to have forced upon her.—Evening: Much soreness of the epigastrium complained of. Ordered a large bran-and-mustard poultice to be applied, and a full dose of tincture of opium, with nitric spirits of ether, to be taken at bedtime.

Sept. 4th.—Passed a tolerable night, and expresses herself as feeling better. Throat still very dry and burning; much thirst; epigastric region still very tender on pressure. Continued the olive oil and lime water with the mucilaginous drinks, and repeated the mustard poultice. Pulse 120, full and hard.—Evening: Bowels much purged, with tenesmus and some blood; suffering also very much from dysuria. Continue the remedies, with a full dose of compound tincture of opium, and spirits of nitric ether.

5th.—Somewhat better, though suffering greatly from headache; tongue covered with greyish white, smooth, moist coat; pulse 120, full and soft; bowels quiet; still much pain and difficulty in passing water. Continue the remedies, with opium.

6th.—Still suffering from pain and tenderness of the bowels. The heat and dryness of the throat much diminished. Continue the remedies.

7th.—Going on favorably. As I was unavoidably obliged to leave for

a few days, I desired her to call in other medical advice if required. Ordered her to continue the oil and lime-water, and some pills, with the third of a grain of opium powder, and two grains of extract of hyoscyamus three or four to be taken daily; with directions that if the bowels became confined, a little castor oil was to be taken every second day.

From Saturday afternoon until Wednesday morning, I examined the urine, and found by the ordinary tests, confirmed by Reinsch's, positive evidences of arsenious acid; but in no case could I detect any trace of lead, which I presume must have been from the almost insoluble character of the chromate.

On my return on the 19th, the patient mentioned that the day after I had last seen her, she had a return of severe, excruciating pain of the stomach, with tenesmus and frequent bloody stools; but that under the use of the opium pills and mustard applications it gradually subsided. She then expressed herself as being very well, though weakened by her illness. The pulse was down to 80, soft. The only pathognomonic trace of the late ordeal was found in the tongue, which had the whitish, silvery coating sometimes observable in those who have taken the liquor arsenicalis for some time; but there was very little appearance of the poison in her urine. This woman must have taken at least two scruples of powdered arsenious acid, and the same quantity of the chromate of lead.

In all cases of poisoning with arsenic, I should be inclined to try the light, recently-prepared magnesia again, as it is so easily mixed, and so safe in its administration. In this case not less than eight ounces must have been used within two hours.—*London Lancet*.

#### INJURY TO BOTH EYES BY A POPULAR OINTMENT.

BY BENJAMIN BELL, F.R.C.S.E., SURGEON TO THE EYE INFIRMARY.

In the annual report of the Edinburgh Eye Infirmary for 1850, it was mentioned that more than one case had been witnessed of irreparable injury of the cornea, from the use of an ointment much lauded as a remedy for disorders of the eye. This application, on being analyzed by an eminent chemist, was found to contain an immense quantity of acetate of lead, with a large proportion of red precipitate—the former being in crystalline particles large enough to destroy any cornea by mechanical irritation, leaving the latter entirely out of view. I have since met with another case in which the mischief caused by the same ointment was so great, that for some time vision appeared to be irrecoverably lost in both eyes. The patient was a girl of 9 years, who had been suffering from chronic ophthalmia for several weeks, when her mother was persuaded by well-meaning but officious friends to try Porteous's *vegetable* ointment. Instead of being relieved, the inflammatory symptoms were greatly aggravated, and the child was brought to the Eye Infirmary for advice. Both eyes were extremely vascular, with great intolerance of light, and profuse lachrymation. The right cornea, besides being permeated with red vessels, was dull and hazy, with a few opaque

patches of a white chalky character. The left cornea was in a still worse condition, almost its entire surface being coated with the same white, earthy-looking deposit. This eye had every appearance of being permanently destroyed; but as the foreign substance was evidently a source of great local irritation, by rubbing against the lining membrane of the lids, it seemed desirable to have it removed. The poor child was, accordingly, put to sleep under chloroform, and the encrustation lifted off like fragments of egg-shell, by means of a curved needle. It adhered so firmly that the subjacent surface bled a little on its removal; but the relief which followed was very marked, and forthwith a gradual process of reparation began, which has proceeded steadily to the present time. The right eye, in which the deposit of foreign matter was less extensive, was treated in the same way, and the improvement has been similar, although less remarkable. There is still more or less obscurity in both corneæ; but she is able to read large print, and her vision will yet continue to improve. I may mention, that after detaching the white deposit, I punctured the cornea in both eyes, so as to evacuate the aqueous humor and relieve the painful tension of the inflamed texture. This procedure, first recommended by Mr. Wardrop many years ago, appears to have fallen into unmerited neglect. My colleague, Dr. Hamilton, and I, have seen it singularly advantageous in a number of cases during the past few years; and we cannot remember any in which it was prejudicial. In weakly persons, children especially, who have no blood to spare, when an abscess or penetrating ulcer of the cornea, with or without hypopyon, threatens to destroy the eye, I am acquainted with no remedy so trustworthy as a careful puncture of the cornea. It not only relieves suffering almost at once, but arrests the diseased action and allows the healing process to begin. Chloroform should be employed in most cases, if the child is at all restless. The instrument used for penetrating the cornea ought to be keen, and should enter horizontally, like the knife in extraction of the cataract. It is important, whether we use a knife or a needle, to retract or turn it a little to one side before withdrawing it entirely, so as to secure the complete discharge of the aqueous humor.—*Edinburgh Monthly Jour. of Med. Science.*

"THE CHANGE OF LIFE" IN WOMEN; WITH REMARKS ON THE PERIODS USUALLY CALLED "CRITICAL."

BY JOSEPH PARRISH, M.D., BURLINGTON, N. J.

I PROPOSE to offer in the present, and subsequent numbers of this Journal, a series of essays upon the subject designated by the above title, to which the candid attention of the profession is invited. It is one, not usually treated of in books to any considerable extent, and, it is feared, not regarded in general practice, in the light which nature and sound views of science would dictate; and as the investigation of it may elicit some novel reflections which are opposed to generally-received notions of the subject, I enter upon it with cautious deference to recognized au-

thority, and yet, I trust, in the spirit of independent inquiry. While I would urge that the changes in the life of woman should be met by her professional attendant, with an honest regard for her welfare—that he should consider them as *appointed times* in her history, and not as outbreaks of an erratic nature, or as accidents, in the working of a delicate machinery—I would have the profession gracefully to shrink from undue interference with the operations of nature, and save itself from the imputation of rash meddling with the wise and essential developments of natural law: that it may not be said of any of her votaries—

"—fools rush in, where angels fear to tread."

In these times when *specialties* are becoming the order of the day in medicine; when physicians are apt to select some particular subject upon which to display their talent, and exercise their skill, there is great danger of exaggeration, both as to the nature and treatment of the particular diseases that may claim attention. And though it be true that greater light may be elaborated by such special investigations, it is well to guard against at least *extravagant error*. With reference to the matter before us, we fear there is more error than may be freely confessed. Woman herself, according to the custom of the day, has made up her mind that these changes are always more or less dangerous; and the physician is too often tempted to accord with her prejudices, and to subject her to treatment, sometimes the most unscientific in its character, and in its results, most unsatisfactory, except to the pecuniary *taste* of the prescriber. While I would not apply this remark to the whole profession, I would appeal to the observation and conviction of all, and ask—Is there any subject within the domain of medical science, that is more frequently presented by the empiric, than that of female disease?—are there not more "cures" offered through the press, and in the social circles of females, for the so-called diseases of this class, than any other? Does not almost every paper contain advertisements of specifics to conduct females safely through their "critical periods"? And even within the ranks of legitimate medicine, are there not hundreds of physicians scattered through our land, who are running, with wild enthusiasm, into false theories, and adopting injurious practice, with reference to the uterine system?

What can be more humiliating to a high standard of professional honor and probity, than to see a man, who may honestly enough, and with propriety, devote himself to the study and cure of female diseases, stoop to the practice of examining, with the eye, all cases of suspected disorder, or displacement of the uterus? taking young girls from the school or the nursery, and exposing them to the degrading practice of ocular inspection. There are cases when this course may be indicated; but to aver that the practice should become common, is an absurdity, against which all past experience in medicine, all decency in morals, and all honor in manhood, should exclaim with unceasing opposition. Instances have come to the knowledge of the writer, where through the officiousness of a so-called "womb doctor," young ladies, just developing into maternal proportions, and experiencing the sensations peculiar to that particular age and condition, have been suspected of uterine disease,

and exposed, without the least necessity, to having the vagina dilated by a speculum or bougie, so that the operator, and friends of the patient, might have an opportunity of "seeing for themselves" the appearance of the organ. Credulous and anxious mothers, superstitious nurses, and meddling female friends, were perhaps called to witness that the diagnosis of the physician was correct, while they themselves could not judge between a natural or disordered appearance of the parts; and yet this speculum and bougie practice is becoming extremely fashionable in some places, and the physician who can boast of having *seen* the greatest number of *wombs* is esteemed worthy of more credit, than the hundreds of less officious, and yet quite as successful practitioners who have been content to use the speculum as a necessity, and not as an amusing boast.

Take, again, the other period of life, when the uterus, to use a familiar comparison, "retires from active service:" how common it is to act, at this important change, as if the organ was rebelling against a natural law, instead of yielding to an unalterable decree; and to impress the mind of the female with the belief that she is doomed during her remaining years to countless ailments, unless she submits to medical treatment. It would be just as rational for the husbandman to force open the advancing bud of spring, or to climb the trees of his forest to assist nature in stripping them of their falling leaves in autumn, as to interfere with the opening bud, or the falling leaf, in the vernal and autumnal seasons of womanhood, unless such interference is positively demanded by a departure in the constitution from a natural condition. What these departures may be—and how they are to be managed, will occupy our thoughts in future. If there are pains and sensations of an unusual nature, the doctor suspects, or says there is danger—as the function of the organ is now to cease—of cancer, or some kindred malady, and to judge that all is right, or find out what is wrong, he *exhorts* his patient into a panic; and she, wearied with undue advice, and alarmed by her own feelings, rendered morbid, and acutely sensitive by constant direction of the mind to herself, submits to *inspection*, perhaps to cauterization, and she escapes, if with nothing worse, perhaps with irritability of the organ, and deranged nervous system, that are entailed upon her for life.

We would not disclaim against specialties—we are glad to see them pursued in the hands of prudent and honest men; and no one is more deserving of the best talent and most arduous labor, that our profession can supply, than that which comprehends the entire uterine system; but we would raise a voice, and bear a testimony—be they ever so feeble—against the practice, that is becoming common in certain quarters, of placing woman in that position, in which she is made the special victim of professional cupidity, because she is taught to believe that she is peculiarly the subject of alarming disease; and if the effort now made, to shield her from offensive professional intrusion, may be in the least degree successful, while it may contribute to enlighten her as to her true position in these respects, the author will be amply rewarded for his labor.

That there are two changes in the life of women, termed *critical*, is well known to all; but that these are necessarily dangerous, is not so readily admitted. Every female of sufficient years experiences one, or

both, in the course of her history. Every careful mother, to whom has been assigned the responsible charge of rearing a daughter, knows what it is to look forward, with anxiety, to the period of pubescence in her growing child. The girl of 12 years becomes in her eyes, a new being, and after her twelfth birth-day, the watchings and fears, the doubts and hopes, that toss her heart to and fro, as she looks with maternal solicitude upon the daily course of her child, are only known to herself. But why these conflicting emotions? The child is well, she has been reared so far with a good degree of health; and whence the trembling now?

Nature has appointed a change—a *critical* period. In that girlhood is to commence a development that is to assume a woman's nature—organs of the body that have been hitherto dormant, are now to be aroused to actions, as essential to the health of their possessor, as they are, to her guileless mind, novel and mysterious—she is to grow into woman's estate. Her bones, muscles, all her tissues and organs, are to spread out with a rapidity hitherto unknown. In stature she becomes a woman, and in mind more womanly.

The mother is anxious lest any natural or artificial interruption should arrest the progress of nature; and then, as she passes on in her own circle of years, till the age of 40 or 45, she begins to experience a new train of thoughts, and to have new fears, and many anxious hours by day and night with reference to herself. The time is at hand, when nature shall visit her with the assurance that she has reached the summit of maturity, and that, henceforth, she will pass over the downward slope of life. Those very functions, the healthy manifestation of which in the child, she so much desired, and watched with so much care, are now to cease in herself; and though she may have borne children, and had a goodly heritage through all the days of her maturity, now she shrinks, and yet rejoices. She fears lest it may not be well with her, and yet would be glad because the time is past for her to become the mother of any more offspring. She wants to cross the line, and yet she falters. She knows she must, and yet she fears; she feels that she will, and yet she would not. Nature has appointed another change. In that womanhood, matured by experience and care, is now commencing the process of decline. Organs that have contributed by their operations to constitute her equal to her sphere and calling, now, as in childhood, become dormant again, and she stands upon the threshold of old age, looking fearfully forward, to years of suffering and affliction, at the very time, when, of all others, she should be cheered with a bright prospect of an easy decline, because the cessation is the kind monitor that comes, bidding her to lay aside the fears and pains of child-birth, to be released from the wearisome toil of the nursery, and in the full bloom of ripened age, crowned by experience and wisdom, to scatter about her, in the domestic circle, and amid her little community of friends, the fruits of her past labors in the field of life. It will be shown, hereafter, why woman should learn to welcome, rather than fear, this change—and why her physician should stand by her at this interesting crisis, not to alarm, but to encourage and support her.

The term of thirty or thirty-five years, that is embraced between these two periods in the life of woman, may be considered as the time of her maturity, when the organs of the body, upon which these changes depend, should be in the free exercise of their respective functions. All the processes of generation, birth, lactation, &c., that are peculiar to this stage of life, it is not, however, now my purpose to consider; ample scope being afforded for remark, upon the peculiarities that are developed at the appearance and cessation of the menses. As these are seasons in woman's history, that are anticipated by such conflicting emotions, it becomes the physician to study well the course and results of their development, both as to the moral and physical changes that are coincident with them; it is also proper for females themselves to understand their position, and to have their minds relieved of needless anxiety and fear at these times. We will offer the suggestion, as a starting point, that these changes, although called critical, are natural, and are not to be interfered with, unless some abnormal symptoms accompany them.—*New Jersey Medical Reporter*.

[To be continued.]

#### FOREIGN CORRESPONDENCE—LETTER FROM PARIS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The School of Medicine was opened to the medical fraternity, to whatever name or nation belonging, on the 7th of November last, with considerable manifestation on the part of the faculty. It was an occasion of unusual interest, and an audience of twelve hundred medical gentlemen greeted the orator of the day, M. Bouchardat, with much warmth, as he proceeded to pronounce eulogies upon two eminent professors of the faculty who have died within the last three years—M. Hippolite Rayer-Collard, and Achille Richard. The former was professor of hygiene, the latter of natural history. As M. Bouchardat has been recently elevated to the place occupied by M. Richard, and as he had been his pupil, his *agrégé* and friend, it was befitting that he should be permitted to pay this tribute of respect to his distinguished teacher, who, in his last hour, said, "I have occupied well my day; all my life has been consecrated either to things useful or to aggrandize the sphere of human knowledge. I have done the best I could with what was given me to do here below—my conscience is tranquil." At the next annual commencement of the medical lectures, an eulogy will be pronounced upon M. Orfila.

When M. Malgaigne commenced his course upon operative surgery, he took, as his *theme*, for his introductory lecture, the schools of surgery represented by Boyer, Dupuytren and A. Cooper. He gave the personal histories of these men, and graphically described the field in which each one strove to distinguish himself. He called Boyer a *conservative* in surgery, Dupuytren a *radical*, and A. Cooper a pretty clever surgeon—the two former as the *base* of the pyramid, and the latter the summit. He was rather more complimentary to the English surgeon than most

Frenchmen are apt to be. Yet he spared not the *knife* of criticism when he saw a morbid growth. Perhaps there are very few better medical critics than M. Malgaigne. He can *elucidate* better than he can *execute*—hence his lectures are highly instructive; yet he does not operate with that dexterity which is peculiar to some surgeons.

I noticed recently a statement of the result of 157 cases of typhoid fever which had been treated by M. Secrétain, by six different methods. Although this number is not large, yet it is worth something—as we can judge somewhat of the value of the methods employed; and, moreover, it would seem that when an epidemic typhoid fever reigns, it is better not to be confined exclusively to any one method of treatment. Of these patients, 118 were cured; and 39 died, or one third. Among them, 64 were men, 73 women, and 20 children. With the expectant treatment, 2 died out of 28 cases; in 18 of which the fever was light, 8 medium, and 2 grave. This upon the first view appears well, but unfortunately the two grave cases succumbed. Sixty-one were treated by symptoms; among which we find that 26 were grave, 24 medium, and 11 light—deaths 16. In 42 cases treated by sulphate quinine—14 grave, 22 medium, 6 light—there were only 6 deaths. With the method by evacuants, there were 12 cases, 9 grave, and 8 deaths. In the treatment by cold water externally upon the abdomen, and a free use internally, there were 5 cases grave, 1 medium, and 1 light—none died. By the antiphlogistic method, bleeding, &c., there were 7 cases—6 grave and 1 light—with 6 deaths.

At the clinique of the Faculty in the service of M. Dubois, several trials have been made with the warm *douche* upon the neck of the uterus to produce labor. I saw it applied last week to a patient in the eighth month of pregnancy, who has a contracted pelvis from rachitis; and the result was most happy. I have also seen its application when the placenta has been retained ten days from the rupture of the cord, in a case of abortion, and with the same success. The method of employment is by irrigation. A constant stream of warm water—at the temperature varying from 30 to 40 degrees *centigrade*—is forced upon the os uteri, by an irrigator, for twenty or thirty minutes, according to its effect in producing pains. It seems to have a stimulating and also a relaxing effect upon the neck of the uterus; and soon the patient begins to experience the ordinary phenomena usual in the first period of labor. It is re-applied in twelve or twenty-four hours, if the uterine contractions still remain feeble, or have entirely ceased. Generally from two to four applications are sufficient to cause the uterus to expel its contents. This method of employment of warm water in producing premature labor was first introduced into notice, I believe, in Germany. Since then, two or three cases were reported at Dublin of its successful employment, and one in London. From the results thus far obtained, it may be considered a *safe, energetic* and *sure* method of producing uterine contraction, when it becomes necessary for art to interfere, in cases where the placenta has been retained a long time, and the uterus has ceased to act, and also in the production of premature labor.

Recently M. Cazeaux, an obstetrician of some note, was summoned

before one of the courts of Paris, to testify what took place in his office during a private consultation. This he refused to divulge; and the court sustained him in his decision, and ruled that a physician was not obliged to divulge what occurred, or what were his prescriptions, in his private consultations. A few days after, the *patient consented* that M. Cazeaux should divulge the secret, and the prosecuting party offered him 100 francs, as a bonus, and in case of refusal that he should be again brought before the tribunal; but he scorned their bribes, and felt himself protected by the strong arm of justice extended to him under the *imperial eagle*.

By the side of a puerperal epidemic fever in the obstetrical hospitals, I have seen another affection, within a few weeks, which has probably some etiological connection, but which differs as much, even by the nature of its accidents, as by their circumscribed locality to the external genitals. At one time, most of the women, who escaped peritonitis, were attacked with *eschares* upon some portion of the genitals, which resulted in gangrene. Generally a few hours, or the next day after confinement, there might be seen some ecchymosed spots upon the internal face of one of the external labia, or upon one of the sides of the fourchette, coming on without any rupture of the parts or any prolonged pressure from difficult labor. Soon some fissures in the mucous membrane would appear, and in a few hours the epithelium would be destroyed, and an ulcerated surface more or less extended would result, perhaps covered with a diphtheritic exudation, thus destroying the surface in a few hours, or in one day; and if not arrested in its progress, it would extend in some cases to the complete destruction of the mucous membrane of the vagina, even to the neck of the uterus; or it might destroy the whole external portion of the genitals, and even the perineum and anal region would slough away. Notwithstanding this melancholy aspect of affairs, nearly all of the patients have survived, or are in a way of recovery. What can be the cause of so many women being attacked so suddenly? Is this affection an epidemic? or has some inoculating matter been conveyed from the dissecting rooms upon the fingers of the students? These questions I will not pretend to answer; but I will say, that the same regulations have been adopted here since the appearance of the malady, as are put in force in Vienna, when a puerperal epidemic becomes manifest, viz., that those who practise dissections during the prevalence of the epidemic, are prohibited from practising the *toucher* upon the women in the hospital.

The discussion upon the use of *perchlorure de fer* in obliterating tumors of the veins and arteries, is still going on with much vigor at the Academy of Medicine. When the end will be, I cannot divine. Last week, M. Roux, the venerable surgeon at Hotel Dieu, said, in the discussion of this question—that he had ligated the larger arteries, including the crural, brachial, popliteal, &c., 84 times; and that 66 times he practised the method of Hunter; that he had operated for false aneurisms of the arm 10 times, and for aneurisms of the popliteal artery 23 times. Surgeons have long sought some remedial agent that would have a salutary effect in coagulating the blood. In perchloride of iron

is found a property which acts powerfully in arresting hemorrhage from bleeding surfaces, as I have abundantly seen. And it has succeeded in some cases of aneurisms, when the article was pure, and the operation made with precision. Nevertheless, its merits are not sufficient, as yet, to supersede the methods which have long been in use. But every day experiments are made with it upon patients as well as upon animals.

Within ten days cholera has made its appearance among us. There have been nearly two hundred cases; and more than one half of this number have died. Within the last three days it has been on the increase, so that one day there were thirty cases. As yet, the number is small to the population of Paris. But the future may swell the bills of mortality. Diarrhœa, a constant precursor of cholera, is now quite prevalent. The administration of the hospitals are taking measures to establish a separate hospital for the cholera patients.

In looking at my note-book, I find among the record of cases seen at the hospitals, one which is not without interest in a practical point of view, as showing the reliance placed upon *one* symptom—and yet, the surgeon was deceived. It was in a patient upon whom M. Nélaton diagnosed an ovarian cyst, but which proved to be ascites. I must forbear entering into any history of the case, but will state the point at issue. The woman had all the external appearance of ascites. She had organic disease of the heart, but from the enlargement of the abdomen the liver could not be examined. Nothing abnormal could be found by the vaginal touch. By percussion, the intestines were found upon each side of the abdomen, occupying both sides of the vertebral column, showing that the liquid was anterior to them. This hitherto positive symptom of M. Rostan, caused M. Nélaton to diagnose this case as an enormous ovarian cyst, in the absence of any other notable sign. She was punctured, and 20 *litres*, or about five gallons, of clear liquid were withdrawn; and injections of tincture of iodine were made. The patient suffered for three days very much from vomiting and pain in the abdomen, but became better. The abdomen began to enlarge again, and she died in four days, suddenly, as was supposed from the affection of the heart. Upon a post-mortem examination, the heart was found enlarged, pericardium adherent, right auricle large enough to admit the whole hand into its cavity, filled with a clot; the liver was in a state of cirrhosis; the uterus in its normal condition; one of the ovaries slightly enlarged; peritoneum showed that there had existed an ancient peritonitis, but was now very little inflamed. But there was found a false membrane extending from the transverse colon down to the os pubis to which it was attached. It also had attachments to each side of the abdomen, and along the omentum, thus forming a complete covering to the intestines, uterus and bladder, thereby preventing them from rising upon the surface of the liquid; and of course being an obstacle liable to deceive the most astute perception in the diagnosis.

I notice that some of the English journals are recommending the working population, who labor in the dust, and where there is much gaseous exhalation, to wear *la moustache*, to prevent the inhalation of

obnoxious particles which may be injurious to the lungs. As you are aware, such recommendation is not *necessary* in France.

With these few hasty "*on dits*," to-day, I will subscribe myself,  
*Paris, Dec. 6, 1853.* Respectfully, A. B. H.

### EXTIRPATION OF PAROTID TUMOR.

[Communicated for the Boston Medical and Surgical Journal.]

A **CACHECTIC**, middle-aged lady was the subject of a growing tumor in the parotid region, during the past twelve years of her life. It was a conical protuberance, two inches in diameter, lobulated, solid, and slightly movable. It was defined posteriorly, by the mastoid muscle; superiorly, by the mastoid process, meatus auditorius and the jugum temporale; and anteriorly, it overlapped the ramus of the lower jaw, while its base was firmly wedged into the parotid space. The concha and lobe of the external ear were imbedded into and thrust outward by the tumor, and it was artificially marked by a cicatrix resulting from an ineffectual attempt, by a distinguished surgeon, to remove it. It occupied the situation of the parotid gland, and in consideration of its increasing bulk, the harassing pain it caused, and the failing health of the patient, she was importunate for its extirpation.

A vertical incision was carried from the jugum over the summit of the tumor to the track of the external carotid artery, an inch below the angle of the jaw. This was intersected by another below the ear, and the flaps being detached, a sufficient working space was obtained. The dissection was then continued around the periphery of the tumor; and to command it, a double hook was thrust into its substance, but immediately withdrawn upon the escape through the punctures of an inky, sooty fluid. From the density of the tumor this was unexpected; it indicated, however, its pathology, and confirmed the propriety of its eradication. The dissection was then pursued into the deep region behind the ramus of the jaw, where the base of the tumor was immovably fixed. Its superior portion could now be grasped by the fingers, and by stretching, cutting with the knife held backwards against the solid mass, and tearing with the handle, it was finally dislodged in an unbroken capsule, with the loss of not more than six or eight ounces of blood. As the dissection advanced, there were continued jets and gushes of blood from the deep cavity; nevertheless, the removal was accomplished without difficult hemorrhage, an exemption due, without doubt, to the probable obliteration of the vessels by protracted compression, and to the tearing process by which the attachments were divided. The tumor was found to be pretty equally cut by the plane of the ramus, one part lying above and the other below the level of this bone.

When the bleeding had ceased, an inspection was made into the chasm created by the disrupted tumor. It was limited superiorly, by the mastoid process and the meatus; posteriorly, by the naked sterno-cleido-mastoid muscle; inferiorly, by the digastric muscle and a portion of the submaxillary gland; anteriorly, by the ramus of the jaw, and its bottom by

the styloid process and its investing muscles. The tumor either consisted of some hypertrophied condition of the parotid gland, or its structure was annihilated and its place usurped by an extraneous growth. *Not a vestige of it, healthy or morbid, remained.* The central or main portion of the tumor was of scirrhus hardness, its inferior portion was granular and less dense, while its apex contained a small quantity of semi-liquid melanotic formation. It was in a state of incipient melanosis, and conformed, in this particular, to a considerable proportion of the recorded cases of parotid tumors, melanotic degeneration constituting the pathological feature. Some branches of the facial nerve were unavoidably divided, but the paralysis was only partial.

The recovery of the patient was interrupted by a severe attack of erysipelas that overran the face, scalp and neck; yet the wound healed favorably, no trace of deformity, beyond the inevitable cicatrix, remaining.

*Greenfield, January, 1854.*

JAMES DEANE.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 11, 1854.

*Dress as a Fine Art.*—It so rarely happens that anything is said or written of late on the character of clothing, beyond the fashionable chit-chat among gentlemen of the ton or ladies who have no other discourse, that we really felt not a little surprised to find a beautiful book laid on our table relating to the subject. On reflection, every one must admit that no small share of constructiveness is necessary in the artist who makes a coat fit a pair of shoulders. An equal amount of skill is required to make a lady look the better for flowing garments. Hanging a dress to a female, and shaping it so as to appear gracefully, are very distinct affairs. Cutting dresses, therefore, is really an art—hardly worthy, however, of being named a divine one, notwithstanding the ridiculous fact that thousands of silly people worship their garments more than anything else. If mothers studied the true method of clothing their children, it is impossible to determine how much they would diminish the number of crooked spines and other distortions known to accompany a refined civilization. Messrs. John P. Jewett & Co., of Boston, are the publishers of an elegantly illustrated work by Mrs. Merrifield, under the title which we have given above, with suggestions on children's dress, and an introduction on head dress, by Prof. Fairholt. We have regard to the treatise simply in the relation it bears to health. Whether a vest is single or double breasted, or a frock coat has frogs or buttons, is not to us worth talking about; but when it is feasible to so clothe a child that the development of the chest and limbs may not be impeded or the vital apparatus distorted from its natural position, it is important that the fact should be known. Medical gentlemen might essentially subserve the cause of humanity by directing mothers to read this new volume. Fathers are too busy to look after these minor concerns, generally conceiving they have discharged "the whole duty of man" by paying their wives' shopping bills. To mothers, therefore, is mainly entrusted the great concern of rearing up finely-formed children. As dress is largely concerned in mo-

difying their physical condition, assuming that they have good food and air, those especially entrusted with them in their tenderest years should know all about what is proper or improper in a garment. The philosophy of female dress may be clearly ascertained in Mr. Jewett's publication, to which we refer with much satisfaction those who have any desire of knowing their duties or responsibilities in the matter. Perhaps another treatise on the proper system of clothing boys, might be equally serviceable. Still, one object will be answered, and reformatory measures in some cases commenced, when Mrs. Merrifield's sensible dissertations have been studied, meditated upon, and followed, as they merit.

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*Dr. Palmer's Address.*—This is the particular season when published lectures, introductory to the courses in the schools, make their appearance. The custom is so prevalent in the schools of medicine, throughout the country, to have one or two opening discourses, explanatory of the principles to be taught, and accompanied by such observations on the duties, position, influence and mission of medical men, as may give a right direction to the minds of the students, and prepare them for the various responsibilities devolving upon them, that they constitute a periodical kind of literature. These lectures are the real exponent of the current medical doctrines of the day, and will be referred to in after times as the expression of the best and most cultivated minds of the age. We have occasionally given extracts from them; but to transfer even a moiety of the whole to our pages, would lead to the exclusion of most other matter. Among the accumulations of the last few weeks, is the introductory lecture of Benjamin R. Palmer, M.D., of the anatomical chair in the University of Louisville, Kentucky, published by the class. We have always considered it a compliment, of which any professor should be proud, when his pupils so far appreciate his efforts, as to ask permission to give them perpetuity in type. Dr. Palmer reviews, in this essay, the first periods of creation, comments on the institution of the Divine laws and the original condition of man, till he finally comes to the consideration of medicine, the leading subject of the address, which embraces within its ample folds a multitude of studies. Dr. Palmer's definition of a physiologist is very satisfactory—being comprehensive, without a redundancy of words. Some of the closing periods are in excellent taste, and do the author credit as a writer and public teacher.

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*The Epidemic Summer.*—Such is the plain title of a pamphlet of unusual interest, by J. S. McFarlane, M.D. It purports to be a correct official catalogue of those who died at New Orleans the present season of yellow fever. The age, nativity and place of interment of the individuals are also given. This list of mortality extends from May to November, 1853. Being alphabetically arranged, it facilitates a research for the name of a friend or acquaintance who may have been a victim to the pestilence that passed through that city in its strength. A review of the yellow fever, its causes, &c., by the same writer, gives additional value to the document. It is one of those sensible papers that command respect; it does not run off at random into a wilderness of speculations, but presents a philosophical series of reasons for the visitation of the devastating angel of death.

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*Homœopathy.*—Charles A. Lee, M.D., a name familiar to medical men throughout the Union, now a professor in the Starling Med. College, Colum-

bus, Ohio, gave an introductory lecture, Nov. 2d, which is devoted to the subject of *Homœopathy*. The topic is handled with the skill of a surgeon and the finish of a scholar. Gentlemen may differ in their estimate of this clearly written production; but it strikes us that all will agree in this, that Dr. Lee has examined the merits of homœopathy in a remarkably strong light, without saying a hard word, losing his temper, or forgetting that he was arguing a case by the strict rules of inductive reasoning, prompted by a regard for truth. No person in his senses supposes that the new school is to be crushed out of existence by editorial anathemas, or that all the erudite professors in Christendom, could, by their united force, reason any body out of the conceit of employing a homœopathic physician. People do precisely as they have a mind to in this democratic country in physic, as well as politics; but that does not prevent very many excellent persons from critically examining the doctrines of Hahnemann, and some of them are weaned from its chimerical theories and seductive influences by such a paper as this of Dr. Lee's. It would almost lead a confirmed disciple to question the system. We hope both parties may read it, because it is a good specimen of critical analysis; and, besides, there is something for reflection for those who happen to be particularly determined to dislike each other, as it will show that their consistency is little else than a determined inconsistency.

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*American Medical Monthly.*—A new enterprise was commenced at New York on the first of January, by the issue of Number I. of a Monthly Medical Journal, conducted by six eminent gentlemen of the profession in that city, who constitute the faculty of the New York Medical College; viz., Drs. Green, Davis, Barker, Doremus, Carnochan, Peaslee and Parker, the editor being E. H. Parker, M.D. It is a finely printed Journal, and abounding in papers of the right character. Three dollars a year, always in advance, is the subscription price. A better salutatory than the editor's could hardly have been written. If a liberal encouragement is extended towards this very promising periodical, the proprietors will exert themselves more vigorously to make the pages a record of what every practitioner of medicine and surgery ought to have upon his table.

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*Smallpox.*—Not with the regularity, but with the certainty of the return of the seasons, this most dreaded of all infectious diseases in New England, makes its appearance, here and there and every where, both in cities and the interior, to the terror of the people and the certain destruction of many lives. There is a sure preventive of the disease, but with all the intelligence abroad, the danger is never realized till smallpox actually breaks out in the midst of the inhabitants, and then they fly to the physicians for vaccination. Thousands upon thousands in this and the neighboring States would not pay a York shilling for protection till the last moment, when it is sometimes too late; and scarred faces, spoiled eyes and intense physical sufferings become the lasting memorials of their negligence. Physicians can do no more than offer the boon. At the present moment, in various sections of New Hampshire, Vermont, Massachusetts and Maine, the smallpox is leaving its melancholy marks.

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*Mortality of New York for 1853.*—We find in the New York Daily Times the following synopsis of the Mortality Returns of that city for the last year.

"New York mourned the loss of 21,897 persons during the year ending Dec. 31, 1853. The greatest number in any single month was in August. Of the whole number, 6,871 were children under one year; and 1,396 others were between the ages of 40 and 50. From 2 to 5 years, there were 2,302; and from 5 to 10, 828. The total mortality in January was 1,405; in December, up to Saturday last, 1,752.

"A classification of the sexes shows an aggregate of 4,624 men, 3,905 women, 7,176 boys, 6,178 girls. Of adults, a total is given of 11,254, and of children, 10,629. The fact that there was a mortality of nearly eleven thousand among the city children during the year, suggests inquiries touching the causes. Accordingly, we find that there were 2,723 deaths from convulsions, 691 from croup, 890 from cholera infantum, 448 from scarlet fever, 430 from inflammation of the bowels, 183 from hooping cough, and 949 from marasmus—besides numbers from various inflammations.

"The number of deaths from smallpox in the whole year was 627. In 1852, it was 497; in 1851, 562; in 1850, 231; in 1849, 326; in 1848, 544; in 1847, 53; in 1846, 141; and in 1845, 425.

"The number of deaths at public institutions has been as follows: Ward's Island Hospital, 1,146; Bellevue Hospital, 565; New York Hospital, 412; Penitentiary Hospital, 104; Smallpox Hospital, 21; Lunatic Asylum, 85; City Prison, 35; Colored Home, 107; and Alms House, 121: making a general aggregate of 2,694.

"A return from Brooklyn for the year 1853, shows an aggregate of about 3,500 deaths."

*Castleton Medical College.*—Prof. George Hadley, of Buffalo Medical College, has accepted the appointment of Professor of Chemistry and Natural History in Castleton Medical College. Prof. Hadley carries with him, in his well-known erudition and experience as a teacher, the ability to make himself a valuable acquisition to any college in the department which he occupies.

*Census of the Canadas for 1851-52.*—The first report of the Secretary of the Board of Registration and Statistics on this subject has lately been printed. The census was divided into personal and agricultural. The last is by far the most advanced. The former is intended to include census by age, births, deaths, &c.—trades and occupations—causes of disease—number of houses, and families occupying; but, so far, it only comprises a few general observations and tables, containing the origin and religion of the people of Canada. It is stated that the rest is being extracted and prepared, and much is ready for the printer. It is a work of vast labor, and no pains have been spared to collect the required information. Of necessity it takes a long while for completion, even with the aid of many hands. To the profession one of the most important points is the causes of deaths; but we fear its statements, as in similar statistics, will lose much value from incorrectness of the accounts given in to the Board. Persons are constantly dying from unknown causes, and with ailments that are supposititious. Too often a name is given at random, or on false belief, to cover a disease to which it has not the least reference. We have seen this done both in public and private, and do not write unadvisedly. The weekly bills of mortality in any large city show the same truth.

The census is supposed to have been taken on the 12th of January,

1852. The population of the two Provinces amounts to 1,842,265—of Upper Canada 952,004, of Lower Canada 890,261. Comparative tables show that the greatest rate of increase in the former has been  $11\frac{1}{2}$  per cent. per annum, in the years 1834 and 1851; lowest  $4\frac{1}{2}$  per cent., in 1825 and 1842. Similar details are not given of Lower Canada, but simply a table of its population in different years; in 1831, its population was 511,920.—*Montreal Medical Chronicle*.

*Medical Miscellany.*—For twelve months or more, as we learn from the papers of that city, St. Louis has been blessed with extraordinary health. During the past summer months—in previous years the most unhealthy of the year—the average mortality was down to the winter gauge, or healthiest season. And now that winter has come, the average is lower still; almost promising total exemption from disease. The deaths for the past week were only 28—in a population of about 100,000, continually recruited by European emigrants. The like has not been known for years.—A private course of lectures is being given in New York, by Dr. Collett.—An hydropathic school, it appears, has been organized in New York. Water, of course, is taught to be the invariable remedy of every disease.—A new and very beautifully-executed catalogue of the Berkshire Medical Institution, containing a full list of all its graduates from the beginning, is being liberally circulated among the friends of the College.—An apothecary's boy was lately sent to leave at one house a box of pills, and at another six live fowls. Confused on the way, he left the pills where the fowls should have gone, and the fowls at the pill place. The folks who received the fowls were astonished at reading the accompanying directions—"Swallow one every two hours."—Stockton is represented as being very unhealthy. One hundred and forty cases of chill and fever were reported in one day. This disease, says the Journal, seems to be epidemic, as almost every citizen has had more or less of it. Every countenance, almost, wears a cadaverous look, and every inquiry produces but one chilling answer—"the shakes."—During the last quarter 2.6 patients were received at the Marine Hospital, Chelsea. Only five deaths occurred in nine months.—Lectures commence at the Worcester Medical (Botanic) College, Thursday, March 2d.—Mr. Josiah Hall, of Walpole, Mass., has reached his hundredth year.—Dr. Bickley's Introductory has been received.—Measles is still quite common among us, and the Report below shows that the number of deaths by the disease continues large.

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TO CORRESPONDENTS.—Dr. Hayward's Case of Hydrophobia, and Dr. Comstock's Remarks on the Study of Anatomy, have been received.

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MARRIED,—At Worcester, Mass., Dr. Ebenezer Kimball to Miss E. Caldwell.

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DIED,—In Boston, Dr. Jacob Goodwin, 70.

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*Deaths in Boston* for the week ending Saturday noon, Jan 7th, 100. Males, 56—females, 44. Accidents, 3—inflammation of the bowels, 2—inflammation of the brain, 1—congestion of the brain, 1—consumption, 18—convulsions, 1—croup, 4—diarrhea, 1—dropsy, 3—dropsy in the head, 6—infantile diseases, 9—erysipelas, 2—typhoid fever, 1—scarlet fever, 1—fracture, 1—hooping cough, 2—disease of the heart, 4—inflammation, 2—inflammation of the lungs, 10—measles, 11—old age, 4—palsy, 4—premature birth, 1—scrofula, 1—smallpox, 1—teething, 3—tumor, 1—unknown, 2.

Under 5 years, 50—between 5 and 20 years, 11—between 20 and 40 years, 17—between 40 and 60 years, 11—above 60 years, 11. Born in the United States, 73—Ireland, 15—England, 5—Scotland, 1—Germany, 1. The above includes 12 deaths at the City Institutions.

*The late Dr. J. F. Flagg.*—The recent death of Dr. Flagg, of this city, has already been recorded in the Journal. An extended notice of his life should be published, for his excellent disposition, and his long professional career, more particularly as a surgeon-dentist, are eminently deserving of it. The following extracts from a sketch of his character, by a friend and kindred spirit, are taken from a note to the editor.

"Dr. Flagg was a rare man. Added to his scientific, professional life, his social life was of high order; high-minded, eminently pure, safely conservative—accepting what *life* there was in the past, but not carrying around with him forms without substance, a body without a soul. He was open to the new, the progressive, and the light of his eye and the tone of his voice spoke of the depth within. The character of the new, its adaptation, were charms to his benevolent mind. As a reformer he was eminently consistent, and ever kind to the hardest opponent. His life was a text-book, and the many young men, whom he has been permitted to influence, will bear the highest testimony to his fidelity. The Dental College should have his professional life published—and we hope some able pen will immediately set about it. He has established a high-toned precedent as a surgeon-dentist for nearly forty years. Every dentist in Boston should bear him in grateful remembrance. He was the father, strictly speaking, of the School of Design for Women in this city, and the resolutions that have been passed by that Board, and the scholarship endowed, speak of its acknowledgement. Had he been a man of fortune, he would have been artistic in his life; but it gleamed out whenever an opportunity occurred, showing it was there.

"His sympathy for humanity, from his youth, has been remarkable—a cosmopolite indeed; his love for children active and ever fresh. As Superintendent of Dr. Channing's Sunday School for years, as lecturer on Sunday Schools, &c., he is remembered with deep joy, for the scientific and religious were beautifully blended in his instructions. As his years deepened, his aspirations deepened also; and the woman-movement of this age, which is now before the public, attracted his truly generous mind. Her narrow sphere, her circumscribed position, her unfair remuneration, all attracted our departed philanthropist, and where the eye rested, it blessed; where the tone was heard, it gladdened. Eminently manly, he desired to see woman in freedom, that she might be womanly.

"His body grew weaker as years advanced. His intense, delicate, highly-wrought temperament took not time for rest. He heeded not a feeble body, for the soul was strong, and the desire for *use* paramount. Says a friend—'His body weakened, his understanding faltered, and he became immortal.' In his family relations he was a pattern to every one. His influence will never be lost. He has left behind a companion with whom he took sweet counsel for many, many years. They thought together on the great problems of life, they walked side by side in all its enjoyments, and shared in all its trials. His home was ever blessed, eminently hospitable.

"We ask some one who was acquainted with our beloved friend in his youth, and has traced his luminous life, to furnish the biography which is demanded."  
H.

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Dr. Worthington Hooker, of New Haven, Ct., well known as a medical writer and teacher, is preparing a work on physiology for the higher classes in schools and academies.

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## CASE OF HYDROPHOBIA.

REPORTED BY GEORGE HAYWARD, M.D.

THERE are probably some physicians who are still incredulous as to the existence of such a disease as hydrophobia. Many of them believe that the peculiar affection known by that name is merely a form of tetanus; that the symptoms are owing to the nature of the wound, the character of the parts injured and the state of the patient's system, and not to the presence of any morbid virus. They know that the bite of an animal often produces a punctured or lacerated wound; and as the hand is the part that is frequently bitten, a tendon, a fascia or a nervous filament may be the seat of the injury. There would seem, therefore, to be no good reason why tetanus might not arise in this way, as well as from the puncture of a tendon by a nail, or of a fascia or nerve by a bone, as sometimes occurs in compound fractures.

Besides, there is occasionally a close resemblance in the symptoms of the two diseases. In some cases of tetanus there is a great difficulty of swallowing, and in hydrophobia there is frequently a convulsive and spasmodic action of the muscles not wholly unlike what occurs in tetanus. It is true, however, that the convulsive action of the muscles in these two forms of disease is not of precisely the same character, but yet there is often a sufficient resemblance to lead to the belief, that it arises in both cases from the same cause.

It is not strange, therefore, that the opinion as to the identity of the two diseases should have prevailed to some extent, especially as the opportunity of seeing cases of hydrophobia is so rare. I must confess that till within a few years, I did not believe in the production of any specific disease by the bite of a rabid animal. I thought that some of the cases reported might be those of tetanus; others of delirium tremens, and not a few, perhaps, the result of a high degree of nervous excitement, consequent upon the dread, which an individual who had been bitten might very naturally feel as to the consequence. I did not place entire confidence in many of the accounts that were from time to time published of fatal cases arising from the bite of a rabid animal. Without imputing to those who reported these cases the slightest intention to exaggerate or misrepresent, I did not confide entirely in the statements,

because they were often made by unprofessional men, who would not be likely to make a very accurate diagnosis. They would, perhaps, overlook symptoms of great importance, and attach an undue value to some of little or no consequence.

And even when the reporters were medical men, the cases were not always given with that accuracy of discrimination, which is so desirable, but which it must be admitted, is often so difficult ; or the symptoms may have been so equivocal, as to render it almost impossible to decide as to the exact type of the disease. A case of this kind is reported in the 1st volume of the *Medico-Chirurgical Transactions*, by the late distinguished Dr. Marcet, of Guy's Hospital. It occurred in London, in the year 1807. After a careful perusal of this paper, it seemed to me that there was nearly as much evidence that the patient died of delirium tremens as of hydrophobia. At any rate, one could hardly decide as to the cause of death from the published account alone, but must rely in some measure in forming his opinion upon that of the medical attendant.

In this case it was not certain that the animal was rabid ; the injury was a very slight one, in the forefinger of the left hand ; the illness did not occur till more than two months after, and no connection between it and the bite was at first suspected. There was no pain or soreness in the part that had been injured, though there was some lameness in the back of the hand, which extended up the arm to the shoulder.

The patient, on the second day of his illness, went out, drank freely, and became intoxicated ; he was irritable, easily agitated, wakeful, and laboring under a partial delirium. He lived in this state six days, having been taken on Monday, the 27th of April, and dying on Sunday, the 3d of May, which is longer than patients usually live who die from hydrophobia.

• He swallowed with difficulty, yet he did swallow, and drank fluids of various kinds, to some extent, till within a few hours of his death. In fact it is stated that he drank a pint in the night but two before he died ; and on the very last night of his life, Dr. Marcet says that " he had drank a good deal during the night, but in the morning refused all kinds of liquids, thinking we had put poison in them." He also says that " he had no sleep at all during the night, and had been at times delirious." Now I think that any one who was inclined to doubt the existence of hydrophobia, might argue, with some show of reason, that this was a case of delirium tremens, though I am satisfied that the disease was the result of the bite of a rabid animal. It was not a strongly-marked case, and it is not improbable that the scepticism on this subject may have arisen from the fact that the reports of similar cases have been the only ones which have come to the notice of those who have had doubts as to the reality of such a disease.

My doubts on this point, however, were removed a few years since by a case which occurred in a neighboring city. I had not an opportunity of seeing it, but the account given by a medical friend, who was an eye witness, entirely convinced me. Within a few months another case of the kind, of the most painful character, has appeared in our immediate vicinity. This came under my own notice, and would, I am

sure, have removed the scepticism of any one, who had seen the little patient. I do not, therefore, deem it necessary to make any apology for giving the details of the same at some length.

CASE.—An interesting, healthy boy, of 7 years of age, was bitten in two places by a dog on Saturday, the 13th of August, 1853, at Longwood, near Boston. One of the wounds was at the outer angle of the eye, involving a part of the upper eyelid, and the other was near the corner of the mouth on the opposite side; one of them having been made by the teeth of the upper jaw, and the other by those of the lower. Neither of them was severe, and the one in the neighborhood of the mouth was quite superficial. It was not known whether the animal was rabid. The dog was a stranger, and no trace of him was ever obtained. Inquiries were at once set on foot, and all that was learned was, that another dog in the neighborhood, who was bitten about this time by an unknown dog, showed such unequivocal signs of madness soon after, that his owner shot him.

The family, however, sent for a physician as soon after the accident as possible, and Dr. Edward A. Wild, of Brookline, saw the child in about an hour from the time of the injury. He adopted the most prompt and judicious means to prevent the absorption of the virus, if any had been deposited in the wounds. From the situation of the injured parts, it would have been impossible to have removed them entirely by the knife, or at least it could not have been done without cutting off a large part of the upper eyelid. He therefore resorted to suction; and entirely regardless of the danger to which he might be exposed in doing so, he applied his lips to the wounds, and continued to suck them for nearly or quite two hours. He then cauterized them thoroughly for a length of time with the nitrate of silver, which is esteemed by Mr. Youatt and some other writers on the subject as the best caustic in cases of this kind.

On the following day the child was brought to my house. He seemed to be perfectly well, and suffered only from soreness arising from the application that had been made to the wounds. He continued in apparently good health for a month. The only thing observable during this period was that he was more sensitive to cold than formerly; but this was regarded as accidental, and not thought of in connection with his injury.

On the night of Monday, Sept. 12th, he was restless and slept but little. He complained of some uneasiness in his stomach, and the family attributed the trouble to a slight derangement of the bowels. In the morning of Tuesday, the 13th, he had no appetite, and declined taking breakfast. Shortly after, he said he was thirsty and wanted water. As soon as it was brought towards him, he became agitated; when it was carried nearer, he was slightly convulsed; and as it approached his lips, he cried out in great apparent terror.

He also complained at that time, and he had done so during the night, of pain in the eye near which he was bitten; but there was neither redness, swelling nor tenderness about the cicatrix.

These symptoms led his friends to suspect for the first time the nature of the disease, and Dr. Wild, Sen., the father of the gentleman who

saw the child directly after the injury, visited him on Tuesday evening. He administered a powder, probably the extract of belladonna, but it is very doubtful whether he was able to swallow any of it. At any rate, his attendants are confident that he never swallowed afterwards.

During that day he was restless, uneasy, moving about the room with his head inclined to one side; very sensitive to currents of cold air; quite irritable, disturbed if several persons were in the room, even if they did not speak to him, and complaining of great thirst, at the same time conscious of his inability to swallow. His skin was hot and dry; his pulse rapid; his respiration hurried, and his mouth filled with frothy saliva.

He continued very much in this condition through the night, during which he slept but little, and in the morning all his symptoms had assumed a still graver form.

I was requested to visit him in the course of the day, in company with Dr. J. Mason Warren, and I did so at 6 o'clock in the afternoon. Dr. Wild had an engagement that prevented him from meeting us. Dr. Francis, who had seen him with Dr. Wild, was there, but declined going into the chamber with us, as he thought the presence of a number of persons would produce a very painful degree of excitement in the little patient.

When we entered the room we found him dressed, walking about in a rapid, impatient manner, with a wild expression of countenance, and an inclination of his head to one side. He seemed to be somewhat disturbed by our visit. When spoken to, however, he answered with perfect readiness, and rationally. He evidently preferred being in motion, and it was some time before he could be induced to sit down. When asked what was his trouble, he put his hand to his throat and said that he could not swallow. His utterance was very rapid, and yet his sentences were broken, apparently from his hurried respiration. There seemed to be almost a pause between every two words, giving such a peculiarity to his speaking that I could readily understand the origin of the popular notion, that patients with hydrophobia sometimes bark like a dog. This peculiar mode of utterance is no doubt owing to the extreme rapidity with which the patients breathe. They are very careful to avoid taking a full inspiration, as it is almost uniformly followed by a violent, convulsive action of the most painful character.

As he said he was thirsty, I asked for a tumbler of water. An attendant poured some from a pitcher into a glass. While this was doing, the little patient seemed slightly agitated. I took the vessel in my hand and offered it to him. He evidently wished to take it; but when I carried it towards him, he trembled and drew back; and when it was brought near his lips, he was strongly convulsed, and cried out in a very distressing manner.

I then, unobserved by him, put some water in a cup and offered it to him. He took the cup in his hand and seemed determined to drink. But as it approached his mouth, the same convulsive action and painful cries ensued, and the attempt was abandoned.

Dr. Warren then gave him a piece of soft bread, which he seized

with eagerness and forced into his mouth. In a few seconds, however, he spat it out, and said he could not swallow it.

Another piece having been moistened with water, was then offered to him in a spoon. He took this in his mouth, but it was rejected in the same way precisely as the other, and about as soon. We were now satisfied that he could not swallow; for he made great efforts to do it, and showed a wonderful degree of resolution and firmness for a child of his age. We therefore did not trouble him any more in this way.

It was raining violently at the time of our visit. I led him to the window; but the sound of the rain did not disturb him, though there was no doubt that he heard it. The same thing, however, has been noticed in other cases, even when the window has been open.

We examined his throat as well as we could with the imperfect light we had. There seemed to be a slight degree of redness about the fauces, and the mouth was filled with frothy saliva.

The pulse was 120, and rather small and feeble; and as nearly as could be ascertained, there were more than 40 inspirations in a minute. The skin was dry, and of a temperature somewhat above the natural standard.

We directed two leeches to be applied to the base of the skull; and an enema of a gill of starch with a scruple of assafoetida to be thrown into the bowels every two hours, till all their fecal contents were discharged. After this had taken place, nutritive enemata of milk and arrow root were to be given for nourishment.

I did not see him again; but was told by those who were with him, that there was no improvement of any kind after our visit; on the contrary, his symptoms grew gradually worse, and he passed a restless and uneasy night.

On the following day, Thursday, a partial hemiplegia took place; his articulation became more indistinct, and by noon it was impossible to understand him. As long as he could make himself understood, he seemed to be in possession of his reason. His convulsions were not more violent, and his sufferings were apparently not increased. His symptoms indicated an effusion on the brain some hours before death, and he died between 11 and 12 o'clock at night.

That this was a case of hydrophobia I have no doubt, and it is the first that I have ever seen. It differs from tetanus in many respects. I speak with some degree of confidence on this point, as eleven fatal cases of that disease have come under my observation, and in more than one of these I was present when death took place.

The extent of the wounds and the nature of the injured parts were not such as would be likely to produce tetanic symptoms. The time between the injury and the appearance of the disease was much longer than what usually occurs in traumatic tetanus. The earliest period at which hydrophobia has been known to appear after the bite of a rabid animal, is fifteen days, and the average period is from four to seven weeks; while Prof. Romberg says, that "in the majority of cases traumatic tetanus occurs during the first four days after injury; Dr. Friedrichs found this to be the case in 83 out of 128 fatal cases."

The duration of the two diseases, when in an acute form, is about the same, averaging from two to four days.

The essential difference between them, however, seems to be, that the symptoms of one, tetanus, arise principally, if not entirely, from an affection of the spinal cord, while those of hydrophobia are owing in great measure to a morbid condition of the medulla oblongata, the spinal nerves being at the same time affected to a greater or less extent. This view of the subject accounts satisfactorily for the difference in the symptoms of the two diseases. The one is purely an affection of the spinal system of nerves, while in the other, those of the brain are to a greater or less extent involved. Baron Larrey says that in tetanus "the functions of the brain remain unaffected until the last moment of life; so that the unfortunate patient who is attacked with this disorder is conscious he is dying."

In hydrophobia, on the other hand, "it is undeniable," says Prof. Romberg, "that the mind is excited, and it manifests itself by the loud and violent manner in which the patient speaks." In adults especially, the mental affection is often very severe, and goes on in some instances to complete mania. This is less frequent in cases of females, and still more rare in those of children. But in all, the functions of the mind are disturbed to some extent, varying in degree in different cases.

In tetanus the presence of fluids, their contact or the noise made by them, does not produce any spasmodic action of the muscles, or in any way disturb the patient. In some of the cases which I have seen, there has been no inability of swallowing to the very last moment of life. When it does occur, it is owing, no doubt, to the spasmodic action of the muscles of deglutition, that derive their nerves from the spinal cord.

In hydrophobia, on the other hand, there is extreme thirst and an almost total inability to swallow from the very onset of the disease. The strongest effort of the will frequently cannot accomplish it. The mere sight of fluids in motion, or the sound caused by their agitation, usually excites violent convulsive action in the patient, if they are in the same apartment with him.

Death in tetanus arises in most cases from asphyxia; the muscles of respiration cease to act, and the lungs of course are no longer supplied with air.

In hydrophobia it "ensues from apoplexy or asphyxia, during a violent paroxysm of convulsion, or it may be from extreme exhaustion."

The difference in the mode of death in the two diseases points pretty clearly to the part of the nervous system from which they originate. The affection of the medulla oblongata in hydrophobia satisfactorily explains why life should be terminated by compression of the brain in that disease; and asphyxia would be a natural consequence of a spasmodic action of the respiratory muscles, that derive their nerves from the spinal cord. Effusion on the brain and consequent compression and apoplexy are not seen in tetanus; and death from asphyxia in hydrophobia may be regarded almost as accidental, rarely occurring in the more acute form of the disease, but only in those cases in which the symptoms of tetanus are superadded.

Post-mortem examinations of the bodies of those who have died of hydrophobia and tetanus have not, so far as I can ascertain, been very numerous. The most common morbid appearances that have been discovered in the fatal cases from hydrophobia, are congestion, and sometimes inflammation in the brain and spinal cord, with serous effusion; while in those from tetanus, no anatomical change has been detected in the brain, but there has usually been congestion and sometimes softening of the spinal cord with an increased quantity of serum.

Since writing the foregoing, I have seen another fatal case of tetanus. A gentleman, 58 years of age, fell on Monday evening, Dec. 5th, 1853, while walking in the street. His principal injury from the fall was a severe compound dislocation of one of his thumbs. Amputation was advised, but he was unwilling to submit to the operation.

In thirty-six hours after the accident, signs of mortification appeared.

On the morning of Sunday, the 11th, while at breakfast, "he spoke of a slight sensation of stiffness about the neck," and Dr. Gordon, who visited him at half past 4, P.M., found that "the rigidity of the muscles of the lower jaw was considerable at that time."

I saw him on the following day, Monday, the 12th, in consultation with Dr. G., at 11 o'clock, A.M. We found him in bed; without pain; pulse and respiration as in health; the skin of the ordinary temperature, and his mind rational and calm. In fact, on a superficial examination he appeared to be well.

He said, however, that the muscles of the lower jaw were very stiff, so that he could with difficulty open his mouth; that any attempt to swallow was followed by a violent spasm, that rendered the jaw almost immovable; that when his head was not supported and rather inclined forward, there was a strong tendency to draw it back, which was very distressing, and which he had not the power to resist.

He proposed getting out of bed, as he thought we could examine him better. He did so; and when he attempted to sit down, his head was drawn forcibly backwards. A pillow was placed behind it, but a second violent contraction of the muscles took place. He then asked for another pillow.

He could swallow at this time, and did so at my request, but the effort to accomplish it brought on powerful spasms. He died that evening, at 10 o'clock, evidently from asphyxia.

In a note which I received a few days after, from Dr. G., and from which I have extracted above one or two sentences, it is stated, that he retained "his senses perfectly to the last, and that he had from 2 o'clock, P. M., repeated, very violent spasms of the whole body."

This case, and that of hydrophobia given above, seem to me to derive additional interest when viewed in connection with each other. They exhibit most strikingly the peculiar symptoms of these formidable and distressing maladies, tetanus and hydrophobia, over which, unfortunately, human skill has but little control.

*Boston, January 12th, 1854.*

## ON THE STUDY OF LIVING ANATOMY.

[Communicated for the Boston Medical and Surgical Journal.]

Two remarks of the venerable Rush, strike me as proper and pertinent to precede this communication. I give the substance. One was, that we ought to appreciate propriety, let it come from whatever quarter it may; and the other, that the regular profession should not disdain to avail itself of any hints or facts which would improve it, even when derived from empirics.

Notwithstanding, I delayed making this communication until I received information, which I had long looked for, that the first of the name and family of Sweet was a liberally-educated man, at one of the English universities. The name is that in view of a particular line; for others, as I have reason to believe, have attempted setting bones, merely because they bore the name, but without any success at all.

Rhode Island was the place of the first emigration; but at what period, I have not thought of inquiring. The first of the line of whom I had any knowledge, was named Job Sweet. Many years ago, when I was a student of medicine, I was riding past the house of Captain Samuel Thompson, of Westerly, R. I., who seeing me, came out and invited me in, saying that the great Dr. Sweet was within, and was going to set a bone. I went in accordingly, and saw him operate. It was a case of dislocation of the right os femoris from the acetabulum. He operated without any assistant, by placing the patient, a boy some 10 or 12 years old, upon a truckle bed, lying on his back. He then elevated his limb, to a right angle, bending it at the joint of the knee, putting his own breast against it, and, making the os femoris act as a lever, gave a sudden push, and did no more. I afterwards saw the boy walking the streets.

When I went to Philadelphia to attend lectures at the University, I had a letter of introduction from the Hon. Samuel L. Mitchell, M.D., of New York, to James Mease, M.D., of Philadelphia. The latter having heard that one of the Sweets of Rhode Island was called to a case of dislocation in the city of New York, was incredulous of the report. That a city so renowned for surgical talent should have sent into another State for such kind of assistance, the doctor could not believe. After my return home I was at some pains to collect authentic evidence of the fact, which I transmitted to Dr. Mease. The bone-setter in this case was not the Job Sweet whom I have mentioned, but one of his sons. Another son of his, by the name of Benoni, removed many years past to Lebanon, Ct. He maintained the reputation, if he did not exceed it, of his father. It seems that his success in setting bones had spread into every part of the Union; for I was knowing to a gentleman who came all the way from South Carolina, with his lady, to place her under the care of this man. With this gentleman, a Mr. Coxe, I formed some acquaintance, and found him intelligent, well informed, and wearing the marks of belonging to the upper class of society. He and his lady returned home highly gratified with the benefit received.\* And many years in

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\* What kind of dislocation this was, I do not recollect, if I ever knew.

succession, as I am informed, the acquaintances which she had made in Lebanon continued to receive tokens of her remembrance.

Benoni, whilst living in this town, was called to De Witt Clinton, then Governor of the State of New York, whom he found walking with a crutch, and left him the same day walking without one; fifty-two surgeons and physicians having previously visited him, without affording relief. These are reports, however, for the truth of which, it is at once seen, I am not able to vouch. Very probably some of those gentlemen are still living who saw Gov. Clinton during his lameness, and can, if they will, tell more of the particulars. Benoni Sweet's reputation for veracity, I have, however, not heard called in question. The writer knew him personally, and has attended him in a fit of sickness. He is now deceased; but a son of his, Charles by name, fully sustains, among the multitude, his father's reputation. Report tells of his having been into three of the New England States in one day to visit his patients, and of his going weekly into the capital of his own State for the like purpose.

A few months past, the writer of this visited a respectable physician, in an adjoining county, who about a week before had met with the following singular and serious accident. The doctor was somewhat lame with rheumatism, and had seated himself in a chair in his stable to see something about a favorite horse of his. Whilst thus sitting, a little boy, aged 4 years, came into the stable and with a whip struck the horse, which starting, slipped and fell into the doctor's lap, fracturing his right thigh bone about or near the middle, and detaching a splinter some four inches in length. Charles Sweet had been called, and reduced the fracture previous to my visit.

That this medical gentleman entertained a high opinion of the skill of the Sweets in bone setting, the following relation which he gave me, will evince. This is the substance. Whilst he was a student of medicine, his mother met with an accident, dislocating her hip-joint. His preceptor was of course called, who, as the present writer knew, stood very high in his profession. He called it a *fracture* of the neck of the thigh bone. But she received no benefit; and lingering along with pain and lameness for an indefinite time, Dr. T., then standing at the head of surgery, certainly in his own county, if not in the State, was called in. He agreed with the preceding that the neck of the os femoris was fractured. Still Mrs. ——— continued a cripple for so long a time that further advice was deemed indispensable, and Benoni Sweet was called, who, after examination, pronounced it a dislocation of the hip-joint, and no fracture at all in the case. This he reduced, and the doctor's mother was immediately able to throw aside her crutch and was cured of her lameness.

And now I am brought more particularly to speak upon the topic which heads this communication. It would appear that if the Sweets study anatomy at all, it is in the living subject. I have reason to think, from personal knowledge and the information of others, that they have so far made themselves acquainted with the situation of the bones beneath the integuments, and the relative situation of any two bones forming a joint, that (by perhaps rather an over-acuteness of the nerves of touch)

they are enabled, as Cuvier was by sight, to detect, by feeling, the misplacing of a bone even by its little prominences, and the relative protuberances of the two. And this, together with the making of the long bones act as levers in reducing dislocations, is probably handed down from father to son.

One thing further, and a very important one. It appears that when they manipulate, it is only when the muscles are in a state of entire relaxation. Now, it is well known in mechanics that action and re-action have a relative bearing to each other. A nail when struck a powerful blow on the head, if it happens to fly back, will fly with the same intensity with which it was struck.

The action of mind on muscles is striking. We render those of our right arm by the will tense, rigid and stiff, when we lift a heavy weight; and when writing, as I now am, soft, pliable and flexible. Apprehension of bodily injury stiffens the muscular system, which in other circumstances is quite the reverse; hence the immense force required to draw forward the lower limb, sometimes, in dislocations of the femur.\*

When Charles Sweet reduced the fracture of the physician before mentioned, the latter attempted to give the bone-setter some directions. Charles desired him to desist, and ceased holding the limb tightly, till he found his directions were followed and the muscles relaxed, when in a minute he brought the two ends of the broken bone into apposition, for one end had shot over the end of the other. A very respectable gentleman of the profession, who lived near, and was present himself at the time, gave me some of these particulars, and made very pertinent remarks respecting the action of the mind, or will, in rendering the muscles tense. He seemed to think the great success attending the Sweets in setting bones was principally owing to their awaiting and seizing the moment of the entire relaxation of the muscles. This to me is very probable. But the detection of the exact nature of existing injuries, the discrimination betwixt a fracture and dislocation, which two eminent gentlemen had diagnosed erroneously, must be owing to their acuteness and tact in *living anatomy*. And this very point has so powerfully impressed me, that it was the chief inducement for offering the present communication.

I will conclude by adverting to the case of my friend who met with the fracture.

Upon my first visit, I found nothing, so far as I knew, amiss, nor any new advice to give. But upon my second visit, the doctor declared that he had not slept, or been sensible of losing himself in sleep, since the accident, which was now a fortnight past. He was induced to impute this to nervous irritability, rather than to pain or the uneasy posture to which the accident subjected him. He had been, ever since and before my first calling on him, taking doses of opium pretty liberally. I now recommended doses of sulphate of morphia, not, however, in increased proportional doses compared with those of the opium which he had been taking. But I shall ever be impressed with what the doctor told me when seeing him for the third time, that my prescription had saved his

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\* Femur, from *ferendo*, bearing, because it bears the weight of the whole animal.

life, having procured sleep. And that it is better than the other forms of the soporific in watchfulness, sleeplessness, and nervousness, I am inclined to the belief of, as well as not having those disagreeable after effects of opium, such as headache and vomiting.

The doctor's fracture happened in August. In the last week of November he had recovered the use of his limb, and remarked to me that he was not any more lame than before it happened; he being now, as before, somewhat lame, from a rheumatic affection.

I ought not to omit that the doctor informed me that the late eminent Pardon Bowen, M.D., of Providence, R. I., gave him the information respecting the first Sweet bone-setter who emigrated to that State, and that he was a man liberally educated. And the probability is that the mode of setting broken and dislocated bones which he introduced, was, instead of being wholly empirical, founded on scientific principles.

*Lebanon, Ct., January, 1854.*

JOSEPH COMSTOCK, M.D.

#### CASE OF MEMBRANOUS CROUP—RECOVERY.

[Communicated for the Boston Med. and Surg. Journal.]

I RELATE this case of recovery from membranous croup, hoping that it may stimulate medical men in the persevering use of proper remedies, even in those cases where the symptoms are of such a nature as almost to preclude the hope of recovery. This disease, looked upon from any point of view, is one of the most startling with which we have to deal. To be sure, the opium treatment of Dr. Ware, combined with the topical application of the nitrate of silver, as recommended by Dr. Green, has divested it of some of its horrors; but still it is a disease which too often baffles the skill of the most intelligent physician. The emetic treatment, which has been so long practised, is, in my opinion, unscientific, unsuccessful and cruel, and should be discarded after a short trial at the commencement of the disease. It only tends (if long pursued) to torment the patient, produce debility, and take up the precious time which should be used in a more soothing and rational treatment.

The case which has led to these remarks, was that of a bright little boy, of some 3 or 4 years of age. He first had a physician on Wednesday morning; and it was his opinion, that the little fellow could not live twelve hours. The patient came under my care Friday evening, in consequence of the attending physician having called in the afternoon and declared that the little sufferer was "struck with death," and could survive but a very short time, and that he should not think it necessary to call again. The treatment had been (as I learned from the father, who is quite an intelligent man) frequent emetics of tart. ant., potass. and ipecac.; large doses of lamp oil, for the purpose (to use the doctor's own language) of cutting up the phlegm; the patient to be solicited to eat crusts of bread, for the double purpose of "cutting up the phlegm and scratching out the throat." Goose oil was liberally applied, externally. The sponge had twice been applied to the fauces. I now find the patient with a livid and anxious countenance; entire loss of voice;

croupy cough, with a loud harsh breathing; pulse 165. False membrane distinctly to be seen. For the last twenty-four hours the child has been exceedingly restless, and much of the time, throwing itself about, and suffering all that acute agony which is so peculiar in this disease. I gave my little patient Dover's powder, gr. ij.; calomel, gr. ss., once in three hours. Cloths wet in ice water to be applied to the throat every five minutes. Introduced the sponge, saturated with strong solution of nit. silver, once in eight hours as far down the trachea as possible.

Saturday morning.—Patient much the same as last evening; has had rather less distress and more sleep.

Sabbath morning.—Pulse 146; skin moist; breathing a little better; countenance more natural. Has had two dejections from the bowels, and, on the whole, has passed quite a good night. Continue the powders once in four hours, and to take, between, syrup of garlic, 3j.

Monday morning.—All the symptoms better; voice returning; cough loose and not croupy; skin cool; pulse 136 and softer. The child has called for some of its playthings, and speaks about being dressed.

Wednesday morning.—There has been a rapid improvement for the last forty-eight hours. I find my patient up and dressed, with a return of voice, good appetite, and inclined to sit up most of the time and play.

Here was a case of true croup cured, I think, by active treatment; and I am inclined to believe that a judicious and persevering use of proper remedies in those cases which are inclined to be rather lingering in their course, will frequently have the most happy effect in this too often intractable disease.

J. D. MANSFIELD.

*South Reading, January 6th, 1854.*

#### CASE OF TÆNIA.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I send, for publication in your Journal, an interesting case of *tænia*, which has recently occurred in my practice; in fact, it is the only one I have met with during an extensive practice for the last fifty years, and my mind is now conclusively satisfied (but which I heretofore had doubted) that the *tænia* has its origin in the intestines. The patient in this case is a boy *only four years and a half old*, named W. F. Cammara, residing with his parents at No. 254 Walker st., New York. He is an unusually fine, healthy child, strong, active and intelligent. I should never have suspected him of being afflicted with worms, had not his mother informed me that he was in the habit of frequently passing a number of small ones, which I found to be the "*distoma hepaticum*"; and that he was in the habit of eating large quantities of raw turnips, with the sand on, and other crude substances, to which I at first attributed the colicky pains and other symptoms he complained of, but which were unquestionably caused by worms. In consequence of his passing the "*distoma hepaticum*," I concluded he must be afflicted with *tænia*, and treated the case accordingly. I commenced by giving him the em-

pyreumatic oil, in doses of half a tablespoonful, repeated every six hours for two days, followed by a brisk cathartic, "mist. nigra,"  $\mathfrak{z}$  iij. He suffered greatly during the action of the oil on the worms, which were discharged in a number of pieces, including the heads. There must have been at least from fifty to sixty yards passed, judging from what I have in my possession and what was lost in the chamber. I then administered an astringent injection, which caused the discharge of innumerable small worms, "*distoma hepaticum*." From that time to the present he appears to have enjoyed good health, and is free from all symptoms of worms.

The peculiarity in this case is, that there appears to have been *two worms*, one older than the other. The older and larger, I am of opinion, must have been at least five years old, and consequently existed when the child was "in utero." Yours respectfully, J. X. CHABERT, M.D.

431 Grand st., New York, Jan. 11, 1854.

#### A REPLY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In the article "Empiricism," which appeared in your Journal for Dec. 14th, I stated, in substance, two propositions which are nearly self-evident, viz., that there is a great deal of quackery, both in and out of the regular profession; and that the effect on community is, to lower the standard of our noble calling. I also expressed the opinion (indirectly) that it is the duty of every medical man, who regards the dignity of the profession and is willing to make some *personal sacrifices* to sustain it, to embrace every suitable occasion to expose the evil, and, according to his understanding and to the extent of his ability, to apply the suitable remedy. If, in doing so, I have travelled out of my sphere, I must acknowledge that I need a more enlightened judgment. The doctrine that the best way to combat error is to let it alone, "is far from creditable to the literary and moral, or to the professional character of its author." If it be true that, in the article referred to, I intended to apply caustic to the "public body," I did not once think of reaching "*sores*" in the city of Rochester, N. Y. But, if the coat I have cut, suits any one, I ask nothing for the fitting. If, in the sentiments I have advanced, my language has been so poorly chosen as to offend the literary taste, the moral sense, or professional dignity of any worthy member of the profession, I hope he will, in *charity*, set it down as an indiscretion of youth; as I have been in the practice of medicine but a little more than twenty years, and my head, perhaps, is no more bald than that of your able New York correspondent, who gives intimation of having had a good deal of experience with "empiricism," and is fully up to the demands of the task of instructing the profession in the best "methods of treating it." It is said that, "community, in the legitimate exercise of their inviolable rights, are the supporters of quackery—and this generally innocently and ignorantly." There is some truth in this, I admit. And if I have any correct understanding of my native tongue,

the inference is a fair one, that the author would have it, "where ignorance is bliss, 'tis folly to be wise"—and where a man is "*innocently*" wrong, 't would be folly to be right. This position, I think, the learned gentleman would have failed to sustain, even in his "more sanguine days," before he had passed the full vigor of his intellect, and when he "dealt heavy blows by logic"—*as he thought*.

I was instructed by men, "eminent in the profession" (and experience has convinced me of the truth of the lesson), that it was the duty of medical men, in their intercourse with "the public," to teach them, to a certain extent, the true principles of medical science, and, if possible, to guard them against the effects of the "medical delusions" of the times. And I may be singular in thinking that the physician who regards the pecuniary, the physical, the *moral*, and the social well-being of the people among whom he resides, will do this, even if, by so doing, he runs some risk of "*a poor living from the community*." If I were disposed to reform the world in medicine, I think I am as sensible of my mental and moral incapacity for doing it, as anybody else can be—still, I have my views on this and kindred subjects, and claim that I have an equal right, with others, to be heard, provided I avoid "hypocrisy, jealousy, envy, malice, uncharitableness," personalities and allusions to "*character*," as much as *they do*. In this communication I have endeavored to be cautious, and hope to see it in your next paper.

*Alna, Me., Jan. 6th, 1854.* Yours respectfully, W. B. S., M.D.

#### BITE OF A RATTLESNAKE.

BY E. STANLEY, M.D., OF SANDUSKY CITY, OHIO.

ON the 9th of August, 1851, Patrick Burne, a young man, came to my office about 4 o'clock, P.M., seeking medical aid. I found him partially delirious; pulse very much excited, ranging from 115 to 130; difficult and hurried respiration; skin hot and dry; eyes red and fiery; the hand, arm and shoulder, swollen to a great degree; pain of the limb almost insupportable.

On making inquiry into the history of this case, I learned that the patient had been bitten about ten hours previously, and some forty miles from this city, by a rattlesnake.

This venomous reptile was concealed beneath a stick of timber which was intended for a tie on a railroad, and as the man was in the act of moving it, the wound was inflicted upon the index finger of the left hand, near the second joint.

Taking into consideration the length of time which had elapsed after the infliction of the wound, the general excited state of the system, and the poisonous appearance of the limb, I immediately ordered depletion by applying as many cups at one time to the arm and shoulder as would cover the surface, continuing this course for a number of hours without intermission, and about three quarts of blood was taken.

Prescribed poultices over wound, and ammonia and ether internally.

10th.—Patient no better; delirious, pulse about the same, slept none,

and suffered excruciating pain every moment during the night; slight nausea; no abatement of the swelling of the limb; arm, shoulder, and the upper portion of the left side, were thickly covered with small blisters, filled with a fluid of a yellowish color. In addition to former treatment, ordered whiskey *ad libitum*, till the system was under its influence.

11th.—Slight improvement; pulse about 100; swelling of the arm and shoulder a little diminished; still delirious, anxious and uneasy; very restless, dozed occasionally; skin hot and dry.

Same treatment, with the addition of opium.

12th.—Patient better; pulse less frequent; more quiet, and but little pain; slightly delirious; occasionally slept a few moments. Continued same prescription by adding to the whisky, capsicum, and administered it without regard to quantity, until the patient was fully under its influence. Ordered morphine to be given when symptoms indicated it.

13th.—A decided improvement; has passed the "crisis." Skin moist, quite natural; enlargement of the arm and shoulder subsided; delirium had ceased, talked rationally, and is speedily recovering his usual health.

*Buffalo Medical Journal.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 17, 1854.

*Doings of Chloroform.*—From Portland, Maine, a pamphlet has been received, written by John Lord, called an "Essay on the Rationale of the Doings of Chloroform." The author talks strangely, and almost bids defiance to the profession of the whole country. For example—"Why and how is it that the medical and surgical world have been so long deceived (if deceived) upon this vital subject?" "This question implies—first, that I have been successful in my Elijah or Mosaic demonstration; 2dly, that I hereby bring to light what was before unknown, and of course, that the faculty, as such, have been deceived." Now all this seems to indicate that the author ought himself to be put under the influence of the drug forthwith. Read this extract in further confirmation of it. "My method of giving it, and my philosophy out of which it grows, I cannot give in this tract. Suffice it to say, it is founded entirely on my philosophy of man and nature, as contained in all my tracts, and more especially in those upon 'Vis Medicatrix Naturæ,' and upon the 'Vapor Bath,' &c." By way of a still further illustration of the ridiculous character of this pamphlet by a master of all work, the following propositions on the twenty-first page are given, and they must close the notice taken of Mr. Lord's philanthropic labors.—"I offer, for the sum of \$25, to qualify any well-informed physician, surgeon or dentist, to use chloroform with all safety and excellency of effects, set forth in my paper above referred to, or in this Essay. I offer, for the sum of \$100, to impart the science and art of curing cancers, wens, tumors, abscesses, felons, &c. &c. That is, I will teach the true pathology and treatment of cancers, tumors, &c., and make known the nature, character and rationale of the agents I use in effecting cures. In connection herewith, I will reveal many other important, new and useful things."

*Use and Abuse of Alcohol.*—Some weeks ago a brief notice was given of a treatise by Dr. Carpenter, prepared by Dr. Condie, of Philadelphia, and issued from the press of Messrs. Blanchard & Lea. Having again looked over its pages, we feel justified in calling the attention, both of medical men and philanthropists, more particularly to the subject. A philosophical analysis of the use and abuse of alcohol is something really important, and quite out of the ordinary course. One anathematizes and another defends a moderate sipping of spirituous liquors, while a third enlarges upon the enormous amount of suffering, wickedness and crime that originates in their habitual imbibition. Now which are right? Dr. Carpenter, at the commencement, proposes the following question:—"What are the effects, corporeal and mental, of alcoholic liquors on the healthy human system?" Let those read his answers, who have either compassion for degraded humanity, or a particle of respect for the profound attainments of one of the first medical authorities of the age. Again, he asks—"Does physiology or experience teach us that alcoholic liquors should form a part of the ordinary sustenance of man—particularly under circumstances of exposure to severe labor, or to extremes of temperature? Or, on the other hand, is there reason for believing that such use of them is not sanctioned by the principles of science, or by the results of practical observation?" To these questions, the innate good sense of every man has a ready answer. Dr. Carpenter, however, does not wait for the public to ponder over and reply to them, but in a clear, cogent and philosophical spirit, answers them himself in a way to stop the mouths of any and all who would advocate so gross a violation of the known laws of health, as to defend the common use of alcohol, which is so sure to run into an abuse among the irresolute, unthinking part of society. "Are there any modifications," says Dr. C., "of the bodily or mental condition of man, short of actual disease, in which the occasional or habitual use of alcoholic liquors may be necessary or beneficial?" Dr. Carpenter's answers to these interrogatories are, on the whole, a little superior, as specimens of profound medical reasoning, to any preceding ones; but we must leave them to be studied and admired by those who consult the work. Lastly in the category, comes perhaps the most important question of the whole—"Is the employment of alcoholic liquors necessary in the practice of medicine?" Of course, physicians will differ in their views on this point. The deep thinkers, the strong reasoners, and the profound students of nature will be decided, beyond a doubt, that alcohol is never necessary. Having indicated what may be found in the book, we shall close by strongly enjoining it upon the medical practitioner to procure a copy.

*Unauthorized Correspondence.*—Some unprincipled person has taken the liberty to write to a gentleman in England, requesting answers to a variety of questions—having relation to the position and prospects of American physicians who might wish to settle in Great Britain—and signed his letter with our address. The gentleman in his answer, complains that he has been put to an unwarrantable expense for postage, as the business no way concerns himself. Still, like a well-bred man, after stating the grievance, presuming, no doubt, that we may have been ignorant of the matter of postage, he gives a detailed answer to the questions. This we shall not publish, although quite important to a person proposing to establish himself in the dominions of her Majesty, in the practice of physic or surgery. Whoever wrote the letter, may have reckoned upon a publication of the answer in the *Journal*, as curious intelligence, which would answer his per-

sonal ends, without being known in an act of such downright meanness. In order to exculpate ourselves from being considered guilty of a trick so contemptible, for the sake of saving an English letter postage, we have stated the facts in the case.

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*Maine Medical Association.*—After years of apparent apathy, a representation of the medical profession of the State of Maine met, agreeably to a call, at Brunswick, on the 28th of April last, and an organization was formed under the above name. By an examination of the articles by which they agree to be governed, it would seem extraordinary if they failed to accomplish the specific objects contemplated. Subsequently, in the June following, a Constitution and system of By-laws were adopted. From the number of names appended, the Association appears to embody the able, active men of the profession in the State, and we fully expect will exert an influence of the most beneficial character. Whenever any thing comprised in its transactions, and evidencing the tact or enthusiasm of the members, may be communicated to us, we shall most gladly exhibit the same in the pages of the Journal.

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*Paralysis.*—A writer in the New York Daily Times gives out the idea that cases of palsy are manifestly on the increase in that city. If such, on investigation, should prove to be the fact, the next appropriate inquiry would be to ascertain the cause. It would be a legitimate subject of research for some of the Boston physicians to look into the statistics of that malady here also. It is very possible that medical men may intimate that the lead pipes, through which all our potable water passes, is to be charged with being the cause. But as these pipes have been used from the earliest periods of Roman civilization, and no reliable accounts have been transmitted of effects detrimental to the public health, investigations may very properly be pursued in other directions.

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*New York Academy of Medicine.*—A synopsis of its doings, at a late session, abounds with matter of interest to the profession. A similar institution is in existence in this city, but the world is rarely wiser for its labors, so sparingly have the medical public been served with its transactions. Hiding a light under a bushel, in this age of active intelligence, is altogether a mistake. Every association will have influence and prosperity, proportioned to the benefits they bestow upon society, and the efforts exerted in making known their labors.

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*Mortality of Boston for 1853.*—The following are the official returns, from the Registrar's office in this city, of the deaths in Boston during the past year. Total number, 4284—males 2203, females 2081. Under 15 years, 2405—males 1262, females 1143. Between 30 and 60, 923—males 511, females 412. Over 60, 369—males 166, females 203. Estimating our population at 150,000, the rate of mortality for the last year was about 1 in 35, or 2.86 per cent. In 1852, the number was 3736. In a future number it is intended to give a tabular view of the diseases which caused the deaths during the last year.

*Mortality of the Town of Hampton, N. H.*—Rev. Mr. Hartwell, of Hampton, has furnished for the Portsmouth Morning Chronicle some interesting statistics respecting the mortality of that town. It appears that during the last year, the number of deaths was 34—being 1 in about 35 of the inhabitants. This is a very great mortality for the town, and more than has died in any year for ninety-nine years. In 1734, 68 died, 61 by throat distemper. In 1754, 51 deaths occurred, 37 by throat distemper. No epidemic has prevailed during the last year, as the following list will show:—Of old age, 6; consumption, 7; lung fever, 6; typhoid fever, 3; convulsion fits, 2; disease of kidneys, 1; disease of heart, 1; erysipelas, 1; abdominal abscess, 1; smallpox, 1; drowned, 1; scalded, 1; nervous disease, 1; cholera infantum, 1. It will be seen by the above, that lung diseases have prevailed largely over all others, proving that a damp atmosphere is unfavorable to those who may be predisposed to lung difficulties. The ages were as follows:—Between 90 and 100, 1; 80 and 90, 6; 70 and 80, 3; 60 and 70, 1; 50 and 60, 1; 40 and 50, 7; 30 and 40, 1; 20 and 30, 4; 10 and 20, 2; 5 and 10, 0; 1 and 5, 5; under 1, 2. If we should return the ages exactly, the united ages of ten of those who have died this year would be 823 years and 6 months, averaging 82 years and 4 months to each one.

In 120 years, last past, commencing in 1734, 480 have died in town over 70 years old. The whole number which have died in 120 years, is 1847, not including any who have been lost at sea or in the wars. In these 1847 deaths, 230 have died between 70 and 80 years old—males, 90; females, 110. Between 90 and 100, 49 have died—males 19, females 30; Over 100, 1, and this a female, who died aged 104 years and 17 days.

In addition to the statistics which we have given above from Mr. H.'s praiseworthy researches, he has gathered from them the following gratifying results, which corroborate the truth of Prof. Clark's affirmative answer to the question—"Has medical science lengthened human life?" Mr. H. says—"Another fact appears in examining the records of the town, that the average of life has been much lengthened in the period of 120 years. Diseases were once less complicated and severe than now, much less of sickness in proportion to the whole number of inhabitants, and anything like a contagion or epidemic rarely known. When such did occur, as in the throat distemper of 1734 and 1754, a large proportion of all attacked with it died; and those who died of the epidemic constituted nearly all who died in 1734, there being 60 deaths by this disease and 8 deaths by all other diseases. In 1754, in 51 deaths, 37 died of throat distemper, and 14 by all other diseases; showing that in the latter period this disease was better managed on the part of medical attendants than in the first instance. Taking the record of the town, and the testimony of several of the most aged persons, it is very evident that there is much more sickness in proportion, and that, too, with complicated and dangerous maladies, and still many less in proportion die!—showing conclusively that life is being lengthened, and that medical science is on the advance, and on the part of medical attendants there is much more ability to 'grapple with fell disease and conquer.' And whatever credit, in view of these facts, comes to the doctors, comes to the regular or allopathic course of treatment, for quackery of any sort in medicine has but little prevailed here, and in most instances where quacks and uneducated men have been employed, the diseases they have been called to treat have proved fatal in their hands."

*Damages Recovered for Bodily Injury.*—The decision alluded to in the following statement is of some interest to surgeons, as well as to those of the travelling public who may be compelled to employ them in cases of accident.—“The suit of Thomas H. Silkman against Davis & More, for injuries received by plaintiff by the upsetting of a stage coach, resulted in the return of a verdict of \$6400. The accident happened at Vernon, Wisconsin, in 1850. The plaintiff fractured the elbow joint, from which he almost lost the use of his right arm. One point decided by the Court, we understand, was that the fact that the plaintiff had been maltreated by his physician, was not to be taken into consideration by the jury in mitigation of damages, as he must be supposed to have employed the best medical assistance in his power, and the stage company were therefore responsible for all the consequences of the injury. Mr. Silkman is a merchant of New York city.”

*Accidents from Chloroform.*—Two cases of nearly fatal accidents, caused in each instance by the inhalation of a mixture composed of two drachms of chloroform and four of ether, are reported by Dr. W. H. Mussey, of Cincinnati. Both patients were apparently dead; there being in one an entire suspension of the action of the heart and lungs for upwards of five minutes. Re-animation was induced in both by artificial respiration and irritation of the glottis.—*Philad. Med. Examiner.*

*Medical Miscellany.*—Dr. C. C. Coxe, of Easton, Md., is a candidate for the Senate of the United States.—The past season, in Michigan, has been one of unusual good health, and this has also been the case throughout the whole West.—Measles is still quite prevalent; there were 7 fatal cases of it in Boston last week. Inflammatory diseases are also common, though by no means very fatal.—Dr. Sewell, of Bangor, Me., has devised a new contrivance for the reduction of dislocated limbs.—Dr. D. D. Clark, of Philadelphia, re-placed part of a forefinger which had been torn off by machinery. Half an hour had elapsed since the accident, but perfect union took place.—Dr. Walker, of Portland, one day last week, took from the face of a Mr. Gilmore, near the right eye, a porcupine's quill about two inches long. Last winter Mr G. killed a porcupine, and in eating some of the flesh got the quill into his throat, from whence it gradually worked its way to his eye, causing him considerable inconvenience in its peregrinations.

MARRIED,—At Lancaster, Pa., J. H. Alday, M.D., to Miss L. Beates.—On the 4th inst., Dr. John O. Niles to Miss Cornelia D. Norton, both of Salisbury, Conn.—In December, 1853, S. S. Satchwell, M.D., of New Hanover Co., N. C., to Miss Elizabeth N. Vanderveer, of Washington, N C.—At Bedford, Me., Andrew Alexander, M.D., to Miss Lavinia Ara Jane Pratt, both of South Boston.

DIED,—In New York, Dr. Wm. R. T. Lutener, supposed to have been murdered.

*Deaths in Boston* for the week ending Saturday noon, Jan. 14th, 93. Males, 37—females, 56. Accident, 1—apoplexy, 1—inflammation of the bowels, 2—disease of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—disease of the brain, 1—consumption, 17—convulsions, 4—croup, 4—cancer, 2—dysentery, 1—diarrhoea, 1—dropsy, 3—dropsy in the head, 2—diabetes, 1—infantile diseases, 9—puerperal, 3—erysipelas, 2—typhus fever, 1—typhoid fever, 2—scarlet fever, 1—hemorrhage, 1—hooping cough, 1—disease of the heart, 2—inflammation of the lungs, 5—disease of the liver, 1—marasmus, 3—measles, 7—old age, 1—palsy, 3—smallpox, 2—scrofula, 1—disease of the stomach, 1—teething, 4—unknown, 2.

Under 5 years, 42—between 5 and 20 years, 12—between 20 and 40 years, 19—between 40 and 60 years, 14—above 60 years, 6. Born in the United States, 63—Ireland, 18—England, 3—Scotland, 3—Denmark, 1. The above includes 8 deaths at the City Institutions.

*Tænia Treated Successfully by the Oil of Pumpkin Seeds.*—Professor Henry S. Patterson, of Philadelphia, has communicated, in the *Medical Examiner*, a case of tænia cured by the use of an emulsion of pumpkin seeds. The species used, is the common pumpkin (*Cucurbita Pepo*). They may be rubbed up with warm water or milk and sweetened, when they form a very pleasant emulsion; and this is the form in which they have generally been administered. The seeds abound in fixed oil, which is readily yielded on expression. It is clear, transparent, of a light brownish-green color, with a slight oily odor, and a bland taste, similar to the oil of sweet almonds.

This oil was administered in a case of tænia, by Mr. John C. Lyons, under the advice of Professor Patterson, with success. It was given in the following manner:—The patient was required to fast rigidly for twenty-four hours; ℥ss. of the oil was then given in the morning, and in two hours ℥ss. more; in two hours after the last dose, ℥i. of castor oil was given, which purged freely, bringing away a considerable quantity of the worm.—*West Chester Medical Reporter*.

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*New Method in Fractures.*—Dr. Williams, of Cincinnati, writes from Paris, to the *Western Journal*, of a method of applying an immovable apparatus, for fractures, lately introduced into practice there, of which he speaks favorably. The many-tailed bandage of Scultetus is prepared and wet with water. A portion of plaster of Paris, such as is commonly used in stucco work, thoroughly dried for the occasion, is sprinkled upon each strip, which is instantly applied. In a few seconds the whole bandage is perfectly dry and solid—as soon as the stucco sets. The advantages are, that, drying instantly, it maintains its own extension and counter-extension, and the limb cannot easily shorten. To prevent irritation of the skin, the limb should be enveloped in a roller before the application of the plaster.—*Iowa Medical Journal*.

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*Cholera in Europe.*—We are happy to see, by our foreign Journals, that the cholera is on the decline throughout all Europe. An excellent regulation prevails in many parts of England, having for its object the checking of the spread of this disease. We allude to the appointment of physicians as sanitary Inspectors of their several districts. Their duties are to report nuisances of all kinds to the local boards of health, and to visit, in case of death, the house in which it took place, and administer prompt medical relief to every case of diarrhœa. This latter provision for the poor, who are often both negligent and apathetic, is considered necessary, as there is a very general belief that this premonitory condition exists in every instance. Another interesting fact seems to have been established; which is, that the same localities, even the same houses, have been visited by this disease, in its several epidemics. We mention these matters, as they have an important bearing upon the direction which should be given to our preventive and sanitary efforts, should we again have the misfortune to be visited by this pestilence.—*Philad. Med. Examiner*.

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The brain of the late Senator Atherton, of New Hampshire, weighed 56½ ounces, avoirdupois, which is 7¼ ozs. less than the weight of Mr. Webster's, a little more than that of Spurzheim, and 7 ozs. more than that of Dupuytren. Cuvier's brain weighed 64½ ozs., and Abercrombie's 63 ozs.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 26.

## CASE OF POISONING BY ARSENIC.

AT the last October term of the Court of Oyer and Terminer, of Chester Co., Penn., Thomas Slyder was tried and convicted of the murder of Peter Cork. We furnish below, a brief account of the medical testimony given in the case, obtained from notes taken at the time by the counsel.

The post-mortem examination before the coroner was made by Drs. M. Marshall and C. F. Carpenter.

Dr. C. F. Carpenter testified as follows :—" Examined the body ; found symptoms uncommon in cases of natural death, but none of outward violence. We took out the stomach. Examined the other organs. The heart was larger than usual ; very healthy. The lungs were congested with blood—one had been unhealthy some time before, but not recent disease. Intestines generally healthy. Body warmer than usual, though the limbs were rigid.

" We took the stomach to Dr. Marshall's office and opened it ; took out the liquid contents. Spots of a white substance on internal coat ; also evidence of extensive action of an irritant poison. We took small portions of this white substance, and found it to be white oxide of arsenic, without doubt. It was dried, put into a tube with black flux, and sublimed ; chemical action resulted in the production of a ring of metal crystallized and polished. This is called arsenical ring. Afterwards the heat was extended, and crystals formed which proved the presence of arsenic.

" We then took the contents of the stomach and evaporated. Poured distilled water on it, boiled and poured off several times. Precipitated it with hydrosulphuric acid, filtered and dried. This was sulphuret of arsenic. Sublimed this with black flux and again produced the metallic ring. Concluded, after inquiry with several tests, that it was arsenic in the form of arsenious acid. There were fumes somewhat like garlic in subliming metal, which I called arsenical fumes. Concluded that the death of Peter Cork was caused by the presence of white oxide of arsenic in the stomach. About half a pint of the contents were analyzed, and several, perhaps five, grains, found in it. From five to eight grains will kill an ordinary man. A man with his stomach in a condition like that of Peter's could not live, I think. The stomach was ulcerated

inside, and covered in patches with this white substance. Arsenic destroys the vitality of parts it touches, and causes sometimes inflammation, producing death in two or three days. It acts also on the heart, brain and lungs, and the system in general. The external symptoms were exactly those of poison. A man suffering from poison perspires greatly. The appearance of the stomach could not be created after death by that poison. Arsenic is preservative after death. The body must be vital for arsenic to operate upon it.

"The flies died by tens of thousands in the office."

Upon cross-examination, Dr. Carpenter said, "We did not dissect the heart or brain. We only examined the intestines externally, did not dissect them. We did not touch the spinal marrow, or examine the kidneys internally. The liver was rather enlarged. Examined both lungs by dissection; one was more healthy than the other; both congested to some extent. I do not know from experience that in every case I could tell from feeling whether there was sufficient ossification of valves of heart to be fatal, but I should think so."

"If the heart was diseased in an advanced stage by enlargement, you can tell it at once by sight or feeling.

"I cannot say positively whether his heart was diseased or not; but it is my medical opinion that it was not.

"Disease of brain might be there, and I not know it. Diversity of diseases in that, or spinal marrow, might be fatal, without being able to determine what it was without internal examination, or in the kidneys. Can't say positively whether the man had disease of brain, kidneys, or spinal marrow, or not.

"From post-mortem examination could not come to the right cause of his death with absolute certainty. We had not arrived at a conclusion as to cause of his death, even after post-mortem examination. I could not say from post-mortem examination alone that arsenic killed the man. It is by the concurrence of symptoms after death and appearances on examination that we conclude that death was caused by arsenic. It is merely a medical opinion that he died of arsenic. A man might die of disease of the heart, and the most accurate examination not decide what killed him. This man might have died, certainly, of another fatal disease unknown to us."

Dr. Moses Marshall testified as follows :—"I made external examination of P. Cork, and found his mouth and eyes firmly closed, limbs rigid, little blood issuing from anus. We opened abdomen and thorax, and examined all the organs. Stomach diseased; the rest, for the most part, healthy. Heart healthy. Removed the stomach. Dr. Carpenter and I opened the stomach, and were forcibly struck with the appearance of it. We removed a white substance from the internal coat of the stomach, which had been perforated. Mucous membrane was perforated in the neighborhood of the small white masses. We tested these masses and found them to be arsenic. We subjected them to hot charcoal. Evaporated the liquid portion, and put sulphuretted hydrogen through it; put black flux in, and again produced metallic arsenic. It was present in the stomach in sufficient quantity to produce death. I should think

there were several grains in what we examined. There was sufficient to produce death, and it is my opinion that it did produce death. From three to five grains are sufficient to kill. Arsenic could not have been put there after death, I think."

On cross-examination Dr. Marshall said, "we only examined the heart externally. I think I did open the kidneys, perhaps not. One lobe of one lung was irritated somewhat. Examined body afterwards, on suggestion of District Attorney. We were to examine the brain. It was two weeks after the first examination. The body was putrified extensively. We could not proceed, it was so offensive. Did not take off the scalp. Arsenic preserves the parts to which it is applied. Did not examine the heart internally. All organs unexamined are liable to fatal diseases. Cannot tell in all cases without dissection whether heart, brain or kidneys are diseased. Don't think Peter Cork's heart could have been diseased without my noticing it. I knew the man, and think his heart was healthy. I cannot swear it had no disease. There was no enlargement of heart in this case. Ossification of valves is a slow process, and would have shown itself before death. Could not judge except by general appearance of the system. There is rheumatism in heart, &c. Cannot tell whether this man had these diseases. A man might have disease of brain and be poisoned, and die of brain disease. Apoplexy is sometimes rapid and sudden.

"The face of the deceased was not drawn to one side. His mouth was firmly closed, and his features firm. The face is generally drawn to one side in the case of apoplexy."

Dr. John B. Brinton was also examined on the part of the Commonwealth, and testified to confessions made to him by the prisoner on Monday, the 20th of June, three days after his commitment to prison, in which he admitted that "he purchased sixpence worth of arsenic, put it into a bottle with whiskey, and gave Peter Cork two or three drinks of it."

On cross-examination, Dr. Brinton said, "I first saw the prisoner on Saturday, the 18th of June, and don't know that anything was the matter with him then. In all respects he was sound mentally and physically, so far as I can recollect. On Monday, the 20th, he was in perfect health between 7 and 8 o'clock, A.M., of body and mind in all respects. On that day I prescribed, because his condition was changed. At 4 o'clock that afternoon, Slyder was complaining; coating, &c., of tongue, various sighing, moaning, &c. Prescription, acetate morphia, grs. iij.; white sugar, ʒ ij.; camphor water, ʒ jss., and Hoffman's anodyne liq., ʒ ij. M. Gave two teaspoonsful at first, and then one every hour until he slept. His pulse was frequent; can't say how frequent. There was some disorder of stomach; he was agitated and nervous. The agitation was voluntary, so far as I could discover. My impression was that it was through fear of punishment. On Tuesday, the 21st, I prescribed the following. Old opium, grs. ij.; calomel, grs. ij., and excluded the light. On Wednesday, the 22d, I gave him lac assafoetida, ʒ iij.; laudanum, ʒ ss.; syr. simple, ʒ ss., and liq. Hoffman's anodyne, ʒvj. M. Saw him on Thursday and Friday, but did not prescribe

anything further. I do give it as my opinion that he had at no time an attack of delirium tremens."

Dr. Brinton also testified that on the morning he made the confession he examined carefully Thomas Slyder, and could not discover that anything was the matter with him. He made no prescription for him.

The counsel for the defence endeavored to prove, by several witnesses, that at, or near the time of making these confessions, the prisoner exhibited symptoms of delirium tremens, and hence these confessions ought not to be relied upon.

Mr. Peterman, the keeper of the prison, testified that "Slyder came to prison on the 17th of June. On Sunday, the 19th, he saw him, when he complained of being unwell, and asked for liquor, which he gave him. Saw him again on Monday, the 20th; he was nervous, complained, and craved liquor. On Tuesday morning, the 21st, found the spigot broken, and about six inches of water in the cell. Prisoner was afraid, and said he saw a gallows outside, and many things. Said he saw devils with tails, and people dancing; carried his bed about with him; pushed against the wall, saying it was falling on him, and he tried to hold it up. On Monday, at 1 o'clock, P.M., he was talking to himself. He behaved like a man who had delirium tremens. Monday, at 1 o'clock, Tuesday and Wednesday, he was not sane nor fit to talk to."

The Rev. Dr. Balch testified to visiting "the prisoner on Tuesday, possibly Wednesday, after he was put in prison, about 4½ o'clock, P.M. He was very much excited, physically and mentally. Said little to him then; read scriptures and prayed with him. His whole body, especially his arms, very much affected."

Joseph P. Wilson, Esq., testified that he visited the prisoner, by invitation of Mr. Peterman, on Saturday morning, the 18th of June, and found him in such a condition that he said to him, "I consider you unfit to talk about the crime; and you had better not say anything about it." "He said he had been drinking to excess for several days. I think on A.M. of Monday, I called to see him, in accordance with promise; I considered him unfit to talk to, and said not a word of crime. He spoke to me of something that troubled him, that persons were hallooing to him continually through the grated window. He was under the impression that somebody would hurt him personally. I had no doubt at all that he had delirium tremens. He was in a nervous condition. He sat down, striving to hold himself still, but was constantly trembling."

The jury retired under the charge of the Court on Saturday, at 5 o'clock, P.M., and returned with a verdict of murder in the *second degree*, at 2 o'clock, A.M. on Wednesday morning.—*West Chester (Pa.) Medical Reporter*.

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#### FUNCTIONAL HEART AFFECTIONS—IRRITATION OF THE HEART.

[DR. J. W. CORSON, of New York, has furnished an interesting and well-written paper for the "Journal of Medicine," of that city, on "Functional and Sympathetic Affections of the Heart," and has also sent it

forth in the form of a pamphlet. We copy, below, from that portion of it which relates to irritation of the organ.—ED.]

Cardiac irritation is characterized by a smart knocking *impulse*, less *forcible* and *jarring* than that of congestion, but above that of health; more *variable* with excitement, and corresponding more uniformly with the radial *pulse*.

It arises principally from nervous derangement, impoverished blood or morbid sympathy, with disorders of the digestive or generative systems.

*Nervous Irritation of the Heart*.—Some persons, from birth, have a nervous system unduly developed, and in infancy are specially liable to convulsions; in childhood, to chorea; and in adult life, to hysteria or nervous palpitation of the heart. Some interesting observations on this subject will be found in a paper by M. Gintrac, on *surexcitation nerveuse*.

*The Irritable Heart*.—Sometimes this exaltation of nervous sensibility is confined to a single organ, in the form of those curious obstinate affections described by Sir A. Cooper, Dr. Gooch, and others, under the name, “Irritable Breast,” “Uterus, Testis,” &c.

In the following example no neighboring sources of irritation could be detected. The morbid nervous excitability was exceedingly intractable, and confined to the heart alone, producing painful palpitation and a smart *rapping impulse*, and we venture from analogy to apply the above term.

*Irritable Heart—Incurable*.—A female hat-presser, aged 35, unmarried, tall, muscular, otherwise apparently healthy, though suffering from occasional want and poverty, in a damp basement—consulted me in 1848 for “nervous palpitation” of ten years’ duration, and for which she bore the marks of counter-irritation, while under ineffectual treatment some years previous in Edinburgh. The heart was natural in size and sounds, with a little præcordial tenderness to the finger, *painful palpitations*, more or less constant, increased by excitement, and accompanied by a *smart knocking impulse*. Under the use of preparations of iron, Fowler’s solution, in combination, or otherwise, with vegetable tonics, digitalis, hyoscyamus, conium, valerian, with mild counter-irritation, followed by the external application of belladonna, she continued for two years with slight palliation at times, but no permanent improvement, till at last she grew discouraged and discontinued treatment. A year or so after, she died somewhat suddenly of pneumonia, without affording the desirable opportunity of a post-mortem.

*Spinal Irritation*.—We sincerely endorse the opinion of Prof. Romberg, of Berlin, in his great work on nervous diseases, that this matter has been vastly over-estimated. Most nervous or hysterical patients, and especially those subject to palpitation, have a little sensitiveness on pressing over the spine of some of the dorsal vertebræ between the shoulders, which some have thus magnified with an alarming name. It is ordinarily, we think, simply a slight test of an irritable nervous system. When much affected by atmospheric changes, as Dr. Wood, of Philadelphia, has observed, it may sometimes be rheumatic. For a more serious view of the matter, we refer to the works of Teale and others. In some instances, where, perhaps, from scrofulous irritation or some injury,

the spinal tenderness has been more deep-seated and constant, palpitation and other unpleasant symptoms have certainly been relieved by leeching, cupping, or irritation near the spine. Dr. Swett, in his excellent work, mentions a case of functional disturbance of the heart, cured by an issue near a tender vertebra, followed by tonics.

*Irritating Nervines or Narcotics* in common use, as articles of luxury, have the effect, in certain habits, of deranging the action of the heart; such are green tea and strong coffee. A case is mentioned of a gentleman who could, at any time, by taking a cup of coffee, produce palpitation and bleeding from the nose. By far the most noxious luxury to the dyspeptic or nervous, is tobacco. The essential oil is said to poison by paralyzing the heart. A Mexican minister, some years since, summoned Dr. Alexander H. Stevens, of this city, to Washington, for supposed organic disease of the heart. A cure was performed by emptying his excellency's snuff-box. We shall illustrate further in a moment.

*Neuralgia of the Heart.*—Such has been the term given by some to the very rare cases of angina pectoris, which the researches of modern pathology do not show to be connected with ossification or other form of organic change.

*Irritation of the Heart, Angina Pectoris, from the Use of Tobacco.*—A highly intelligent friend, aged 65, stout, ruddy, early married, temperate, managing actively his large business, after premising that he commenced chewing tobacco at 17, swallowing the juice, as is sometimes customary, “to prevent injuring his lungs from constant spitting”—and that years after he suffered from a gnawing, capricious appetite, nausea, vomiting of meals, emaciation, nervousness, and *palpitation of the heart*, dictated to me quietly at his desk, recently, the following story:—

“Seven years thus miserably passed, when, one day after dinner, I was suddenly seized with intense pain in the chest, gasping for breath, and a sensation as if *a crowbar were pressed tightly from the right breast to the left, till it came and twisted in a knot round the heart, which now stopped deathly still for a minute, and then leaped like a dozen frogs.* After two hours of death-like suffering, the attack ceased, and I found that ever after, my heart *missed every fourth beat.* My physician said that I had organic disease of the heart—must die suddenly—and need only take a little brandy for the painful paroxysms, and I soon found it the only thing that gave them any relief. For the next twenty-seven years I continued to suffer milder attacks like the above, lasting from one to several minutes, sometimes as often as two or three times a-day or night; and to be sickly-looking, thin, and pale as a ghost. Simply from revolting at the idea of being a slave to *one vile habit alone*, and without dreaming of the suffering it had cost me, after *thirty-three years' use*, I one day threw away tobacco forever. Words cannot describe my suffering and desire for a time. I was reminded of the Indian, who, next to all the rum in the world, wanted all the tobacco. But my firm will conquered. In a month my paroxysms nearly ceased, and soon after left entirely. I was directly a new man, and grew stout and hale, as you see. With the exception of a little asthmatic breathing, in close rooms and the like, for nearly twenty years past I have enjoyed excellent health.”

On making, by his kind permission, a cursory examination, I found the heart seemingly healthy in size and structure, only *irregular*, intermitting still at every fourth pulsation.

*Hysterical Irritation of the Heart.*—It is well known that hysteria often imitates, successfully, dangerous inflammations and other ills, and among the rest, disease of the heart.

*Hysterical Palpitation—Leucorrhœa—Recovery.*—A widow lady, aged 25, sanguine, nervous, sedentary, and very literary, after a series of hysterical paroxysms from sudden shock, requested my attention in 1850 to “disease of the heart,” under which, she stated, medical and other friends thought her laboring for months previous. The least excitement would give rise to distressing palpitation, accompanied by a *smart knocking impulse*. There was some *leucorrhœa*, with pain in the loins.

Under the use of various preparations of iron, with bitter tonics and sedatives; belladonna to the præcordial region; a mixture of the tinctures of valerian and hyoseyamus for the fits of palpitation; with morning vaginal injections, of eight grains each, of extract of conium and tannic acid, in a tumbler of water, followed by evening injections with cold water, and regular long walks in the cool part of the day, in a few weeks she was quite restored to health.

*Mental Irritation of the Heart.*—This is exemplified in the tendency of all nations, figuratively or otherwise, to speak of the heart as the seat of the passions. Laughing, joy or anger accelerates, while grief or fear retards the circulation. The long, deep inspirations of yawning, sighing and sobbing, are instinctive, and mechanically relieve a congested or “heavy” heart. Doubtless from the mental shock affecting the heart, the winner of a rich prize in a lottery, a feeble emperor of Morocco in gaining a desperate victory, and a fond Russian mother in the restoration of her captive son, all died of the joyful news. John Hunter expired of disease of the heart in a fit of anger. The wife of a farmer, long harassed with the fear of incendiaries; a nurse, from continued anxious watching; and a lady, tortured for a week with danger of shipwreck; each suffered afterwards from protracted disorder of the heart! A patient of the writer, disconsolate at the loss of her broken-hearted daughter, whose case will be mentioned, died of dilatation of the heart a few months afterwards.

*Exhausting Mental Application* is the frequent cause of irritation and palpitation of the heart. A friend, distinguished as a divine and author, aged about 42, moderately full, after several years’ severe application, in which he habitually studied till 3 or 4 o’clock in the morning, was at last greatly incapacitated for a long period by irritable palpitation of the heart. He was most relieved by a succession of blisters, the size of a twenty-five cent piece, over the heart, and rest, with tonics, and at length nearly restored by a tour in Europe, mental relaxation and a more generous diet. Any great mental effort, however, still exhausts his stock of nervous energy, and brings on irritability of the heart.

A celebrated Methodist clergyman, of middle age—as a western medical friend recently informed me—having by protracted and severe studies, brought on irregularity of the heart, was sentenced to suspension, and

patient waiting for sudden death from organic disease, by the most celebrated medical professors of a western school. In his retirement, he was surprised by the opinion of a shrewd country physician, that it was merely functional, and that he might with proper treatment gradually resume active labor; and finding, by a little experience, the last opinion correct, in a few months after, he accepted the highest office in his church. He has since labored several years as bishop.

It would seem as if the study of certain diseases sometimes favored their real or imaginary development. Laennec died of phthisis, and Corvisart of disease of the heart. When the celebrated Professor Frank was preparing his lectures on disease of the heart at Pavia, his own heart became so disturbed that he was obliged to rest for a time. Rumor says that no less than five of the professors in one of the medical colleges of this city have unjustly suspected their hearts.

*Medical students* exhausted by a winter session are apt to be special subjects of real or fancied irregularity of the heart. We have frequently to assure our young studious friends that their hearts are certainly in the right place, and gravely prescribe a vacation. Bouillaud slyly alludes to this as a distinct species, under the name of "*Maladie du Cœur des Etudiants.*"

We remember an early friend who, with the writer and two or three other students, gravely flourished the stethoscope over each other as a sort of society of mutual observation. We fancy we see still the doleful expression of his pale, handsome face, at the spring of the gushing cups over his intermitting rebellious heart. He soon after grew stout and forgot his heart in a successful country practice. A young friend, attending our lectures on diseases of the chest last winter, felt an unusual knocking of his heart after ascending the long college stairs, and required several examinations to satisfy him. An early fellow student (who happened to come to light again after illness and a hard session), in mounting to one of the "sky apartments" of a Parisian hotel, used frequently in alarm to call the writer to examine his palpitating, irritable heart, and recovered under the somewhat selfish prescription of a partially pedestrian tour with his adviser to the South.

*Anemic Irritation of the Heart.*—The re-action from sudden hemorrhage or excessive venesection, so well described by Marshall Hall, is sometimes characterized by *palpitation, distress, a smart knocking impulse of the heart* and bellows murmur, with a quick jerking and occasionally intermittent pulse, thrill of the arteries, nervous panting, and a sense of wildness and pain in the head.

In the case of a middle-aged, sanguine nervous lady, under our care in 1849, who had been very largely bled in severe puerperal peritonitis, this mingling of heart and head symptoms suddenly assumed a very perplexing character; and with serious misgivings, as to whether the lancet was not further required, she was fortunately partially narcotized with opiates, and the palpitation and distress at the heart soon ceased.

A boarding mistress is mentioned by Morgagni, who, for "palpitation of the heart," was bled, with temporary relief, followed by great aggravation. The "breast seemed at every stroke to be lifted up," and the

venesections were repeated, till by degrees she was, as the event proved, literally bled to death ; for, on the post-mortem examination, not the slightest change in the heart or viscera could be detected. " Everything was entire, sound and natural."

[To be continued.]

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## HYDROPHOBIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE remarks of Dr. Coxe, of New Orleans, in a late number of the Journal, recal to mind some observations published several years ago on the same subject. Hydrophobia, frightful as is its aspect, is fortunately so rare, that few physicians may expect to see, much more to have an opportunity to treat it. If any one, therefore, is in possession of views in regard to it, differing from those of the profession at large, he is not likely to have an opportunity of bringing them to the test of observation or experiment himself ; and is justified in recommending them to his professional brethren, even in a crude state, so long as universal fatality attends the recognized mode of treatment. In vol. 40, of this Journal, pages 55—58, I endeavored to call attention to the mucous membrane of the mouth and throat as the chief source of the morbid phenomena in this disease. Since that time, several cases have been published, but in no one, is there reason to believe, were the suggestions put forth by me, thought sufficiently worthy of notice, to influence the treatment in the least. It was always found best to pilot the patient over the road to sure destruction, rather than to deviate from the beaten track.

To my mind, the evidence that there is specific inflammatory irritation in the mucous membrane of the mouth and pharynx in this disease, stops little short of certainty. The poison, in the first place, comes from the mouth of the dog, and, following the general law of morbid poisons, especially of those that have a period of incubation, it is most likely to locate itself in a similar part in man, as well as other animals. Secondly, appearances of inflammation after death, though not constant, are much oftener found here than anywhere else. Thirdly, the spasmodic symptoms commence in those muscles, whose nerves are in immediate connection with the surface in question ; and are such as would naturally arise from reflex irritation of those nerves. This fact has so impressed the minds of some pathologists that they have fixed upon " the nervous arcs that pertain to the throat " as the seat of the disorder.\* And it is remarkable, that the only attempts to locate the disease have been in those nervous arcs and in the pustules under the tongue, of Marochetti : the origin of the one idea being the spasmodic symptoms arising as above stated ; and the origin of the other, the general hyperæmia and probable enlargement of the mucous follicles of the mouth, consequent on such an inflammatory irritation as I have supposed. Fourthly, if the disease is communicable by the saliva of man, as there is reason to believe, then

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\* Watson.

there must be a perverted action of the salivary glands themselves, or of the surfaces on which their secretions are poured out; and this action must be a specific one, inasmuch as the secreted product, when inoculated anew, uniformly gives rise to the same set of symptoms.

Convulsive disorders can be oftener traced to irritating impressions on membranous surfaces, than to other sources. And it is worthy of remark, that these impressions are slight in degree compared with those which attend well-marked inflammations. Thus, tickling the skin produces uncontrollable laughter; itching of the trachea, cough; of the nose, sneezing; all of which are of a convulsive character. Dentition, as well as indigestible substances in the alimentary canal, excite convulsions in children, and the latter cause often brings on the epileptic attack in adults. Tetanus, when arising from a wound, is most likely to occur when healthy inflammation fails to take place, or after the wound is healed. It often appears to be owing to a want of concentration of the inflammation on the part. That which takes place from strychnia, is owing to the impression which this substance makes on the alimentary canal. The idea that it arises from its being absorbed in the blood, has no foundation, except in the imagination of professed pathologists. Chorea, even, may be noticed to follow upon the disappearance of a chronic cutaneous eruption, or the healing up of a scrofulous ulcer. In many cases it undoubtedly depends on some irritation of the mucous membrane of the stomach and bowels. And the application of the cold bath to the skin, or of zinc to the internal surface, are the chief means relied on in this disease. The strongest reflex actions are excited by applications to the skin. It is doubtful, whether a single unequivocal instance of convulsions being caused by a poison circulating in the blood, and acting directly on the nervous centres, can be produced. The several poisons of measles, of smallpox, and of hydrophobia, lie in close contact with the blood during the whole period of incubation of each of these diseases. But neither febrile nor convulsive symptoms show themselves, until they begin to modify the vitality of the tissue in which they are deposited. The physiological law is, that muscular contractions follow impressions made on surfaces, and convulsive or spasmodic movements are aberrations, not contradictions, of this law. The affections of the nerves and nervous centres are secondary.

The disease which presents the closest analogy to hydrophobia, all things considered, is whooping cough. Although, in times past, there has been much dispute and speculation in regard to the seat of this disease, the weight of authority is now in favor of its being a specific inflammation of the mucous membrane of the larynx and trachea. To this inflammation, or to the peculiar viscid secretion which is its product, the violent spasmodic cough is owing. What hydrophobia is to the nerves of deglutition, whooping cough is to the nerves of respiration. The chief point of difference is, that in the former the spasms extend beyond the sphere in which they originate, while, ordinarily, in the latter, they are confined to it. Now if in the one case they arise from the condition of the mucous surface, why not in the other? especially as there is equal proof of inflammation in each. The appearances of inflammation in

the trachea, in those who die in the early stage of hooping cough, are scarcely if any greater than in the mouth and pharynx of those who die in hydrophobia.

If this is the true pathology of hydrophobia, the want of success in its treatment may be easily accounted for, without supposing that the disease is necessarily, from its very nature, incurable. Remedies have been applied to *symptoms universally* (always excepting those cases where the radical cure was attempted by smothering the patient), while the cause of those symptoms has been overlooked. It is manifest that the first indication is, to modify the diseased surface by some agent which will break up the specific irritation; and the nitrate of silver, in the absence of direct experiment, seems the agent most likely to effect that object. Its power to neutralize the poison when inserted into the wound occasioned by the bite; its power over other specific inflammations, such as gonorrhœa, erysipelas, and the pustules of smallpox; its power over membranous inflammation in general; and, finally, its lately-ascertained power to arrest the *spasmodic action* in hooping cough, when applied to the glottis, afford ground to hope for a successful result, could it be brought to bear on this disease. A strong solution brushed over the whole surface of the mouth and throat, at the commencement of the spasmodic, or, perhaps, of the constitutional symptoms, and repeated daily, as long as they continue, would seem at present the best mode of applying it. At the same time the state of the wound should not be overlooked, nor that of the constitution. The former should be cauterized, also the skin, wherever it is red, and to some extent around. A poultice made with infusion of tobacco, should be applied, and the tobacco or some other narcotic ointment freely rubbed over the whole limb in which it is situated.

With regard to the constitutional treatment, the most important measure is to husband the strength of the patient.\* And this is best done by avoiding all debilitating remedies, and all causes of excitement. Bloodletting and drastic purgatives can be of no use except to weaken, and increase irritability. With all due deference for chloroform and kindred agents, I suspect that some old-fashioned antispasmodic remedy, which is slower and more permanent in its effects, will be found better adapted to calm the paroxysms, with less danger of collapse. The smoke of tobacco introduced through the rectum, I am satisfied, from repeated trials, is one of the safest and most efficient allayers of excited muscular contractions we possess. In ileus, in strangulated hernia, and in the artificial tetanus arising from strychnia, I have used it after other remedies have been found powerless, and have never known it to fail. If the apparatus is not too perfect, say, nothing better than a gum elastic tube, and a common tobacco pipe, the bowl of which burns your fingers, or your lips if you blow too fiercely, there is no danger in persevering until a manifest impression is made on the symptoms. At least, I have exhausted the third pipe many times, while operating on adults, without any untoward event. The effects of tobacco, administered in this way, are very different from those of the infusion.

\* See Braithwaite's Retrospect, No. xxi., Art. 53.

While the one is suddenly and severely prostrating, producing vomiting, cold sweats, and almost extinguishing the pulse, the other is remarkably soothing, and will seldom give rise, unless grossly mismanaged, to an alarming symptom. The action of the one, is that of an agent of great intensity on a small surface; the action of the other, is that of a similar agent, of less power, on a much larger extent. While the former burns, the latter warms.

B. HASKELL, M.D.

*Rockport, Jan. 11th, 1854.*

P. S.—The above was written and intended for last week's Journal. But noticing the announcement of a case by Dr. Hayward, the publication of it was postponed to give me an opportunity to read what he had to say on the subject. I find nothing, however, in his communication, which renders any alteration in mine necessary. On the contrary, the redness of the fauces, and the frothy saliva in the mouth of the patient, which he noticed on his first visit, strongly confirms what I have advanced.

B. H.

#### MOTIVE POWER OF THE BLOOD.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The liberality with which you have fairly shown before the public the subject of which the enclosed article contains an epitome, is the cause of my sending it to your paper at the same time as to the *Intelligencer*, for which it was written. For some time I have felt the necessity of the explanation which it contains; and I have hoped that some competent physiologist would take up the subject and relieve me from making it. But since Dr. Cartwright (for which I thank him) came frankly forward and repudiated my views respecting the cause of the great general fact, which we both uphold, in a widely-circulating journal, I could no longer be silent, for I cannot relinquish what I believe to be the truth of the God of nature, for a season committed to my weak hands, that all may know the power be His.

EMMA WILLARD.

*To the Editors of the National Intelligencer.*

MESSRS. GALES AND SEATON,—Two articles have recently appeared in your widely-circulated paper, viz., one (Nov. 22d) by Dr. Ely, of the Census Bureau, on the Motive Power of the Blood; and another (Dec. 10th) by Dr. Cartwright, of New Orleans, on the same subject, in reply. In both, I am implicated, and in the last, by name. I would, therefore, respectfully request to be permitted to come forward, through the same medium, and "define my position"; a course reluctantly adopted from a sense of duty.

Dr. Ely ascribes to Dr. Cartwright a theory of which I am the author; viz., that "the chief motive power of the blood originates in the lungs in consequence of respiration." But as Dr. Cartwright fully and generously corrects this mistake, I should not on that ground have had any cause to speak. Dr. Ely, it seems, would not, however, have con-

sidered that he thus deprived me of any honor, but rather the reverse ; and in the course of his accusation, he does, as Dr. Cartwright says, make him responsible for a doctrine which he repudiates, but which belongs to me. In the meantime my theory is attacked in other quarters in consequence of what Dr. Cartwright has added to it, but which I do not accept. Dr. Cartwright rejects the *rationale* by which, as I contend, the theory that we both maintain, is made intelligible, and by which it may be made available in innumerable cases, both to the preservation of health and the cure of disease ; and he connects with my theory, a hypothesis, which, as it appears to me, is not intelligible of itself, and not made any more so by the introduction of the learned term *hæmatokineté* which he has invented to express it.

Thus the difference between Dr. Cartwright and myself is in regard to the *cause* of that movement of the blood from the lungs which we both maintain does take place ; he asserting that it is "life," I that it is caloric."

It is not now disputed that when, in a living subject, the oxygen of the air inhaled by respiration meets in the lungs with the carbon of the blood, animal combustion ensues, and caloric is set free. About a fifth part of all the blood in the system, is in the lungs, and about seven eighths of that is water. The temperature of the blood in the lungs is more than thirty degrees higher than that required to change water into vapor in vacuo ; and the blood in the lungs is mostly in vacuo.\* This being the case, a portion of the water in the blood is there changed to vapor, and the volume of the blood becomes so expanded that it must move. By the valvular system its course is directed to the left side of the heart, and that organ by its living irritability beats as soon as touched by a warm liquid ; and strong valves being in the rear of the current, its beat is made available force in the same direction. The vapor from the lungs mostly fills the arteries ; but at the capillaries and in the veins, it is condensed by the effect of the external air. When the coldness of death comes on, it is condensed in the arteries ; and the blood from the capillaries of the system, goes back through the right heart to the capillaries of the lungs ; and thus the motion of the blood stops where it began. If resuscitation occurs, as in the case of those alligators which Dr. Cartwright made to subserve the cause of science, or of the dog whose vivisection is referred to by John Bull, it must be by re-producing the motive power at the lungs by artificial respiration. But Dr. Cartwright, repudiating the explanation here given, supposes that respiration gives life to the blood, and the blood moves, not by caloric but by life.

If we inquire, what is caloric, as to its operation and its power, an answer can be given intelligible to all ; and if caloric be the motive power which impels the blood, then may any one who will take the trouble to inform himself be in possession of a principle by which he may manage his own frame in regard to warmth and circulation, with results

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\* The whole sanguineous system is in one sense entirely in vacuo. There is no air within it. During life it is empty. No substance but vapor so changes its bulk when operated on by heat and cold.

as certain as those he produces by drawing the dampers of the furnace by which his house is heated—a principle of constant application to the physical frame, affording a thousand ways and rules either to keep health or relieve disease—perchance to restore a drowned friend, or a child who has ceased to breathe. Dr. Ely, it is said, restored his breathless infant to life. I have rescued at least two persons from death by cholera, and others have been restored under other circumstances, as mentioned by Dr. Cartwright in his article in the *Intelligencer*; he supposing that the principle of the restoration was life imparted to the blood in respiration. But what is life? Can it operate as a power to move a heavy inorganized liquid mass? The inquiry is involved in darkness and mystery. Has life, without caloric, ever been known to impart motion to a fluid? Yet that caloric without life does this, is a matter of constant occurrence. And the movement may be pulsatory; as shown in my work on the *Motive Power*, in which is described a simple apparatus by whose means was produced by caloric a circulation with pulsation. By the aid of a mechanician (not a mere mechanic) an important piece of apparatus might be constructed, illustrating the human circulation; especially the signal effects of position, which is as yet a grand desideratum in physiology.

Ought not a doctrine, which so concerns the welfare of the human race, to be taken up and investigated by the Smithsonian Institution? Smithson gave his wealth that knowledge might be investigated and disseminated for the good of mankind; and has not the noble generosity of Abbott Lawrence provided Harvard College with a rich fund for the same purpose?

EMMA WILLARD.

*Troy, Jan. 17, 1854.*

## A BEARDED WOMAN.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN nature deviates from her organic laws, we are accustomed to regard the phenomena with increased attention, though the aberration be no more wonderful than her normal procedures. Supposed hermaphrodites have existed, to whom was attributed a double sexual organization, and an autocratic, or self-derived impregnating power. But careful examination and analysis has in every case decisively resolved the abnormal organs into one or the other gender. Madam Clofullia, a Swiss woman, now in this country, possesses a full beard and masculine conformation of face, though unmistakably of the feminine sex. The countenance, aside from the distinguishing feature of whiskers, is that of a man; the beard is thick, but soft. The cranium is of more delicate proportions, the hair fine, soft and long. The beard encroaches considerably upon the cheek, while the superior lip is devoid of the fine capillæ usually present after puberty. The neck, shoulders and arms are remarkably hirsute. The mammae are high, springing abruptly from the thoracic surface, very globular, less oblique in position, and less ovoid than usual. The woman has borne two children, one of which is still living. Her stature is me-

dium, frame broad and osseous, voice perfectly feminine. Bating the hairy face, she might pass for one of the softer sex without question. Her hirsute appendages probably surpass the conception of Shakspeare, when he says :—

“ I like not a woman with a peard,  
I spy a peard beneath her muffler.”

January 10th, 1854.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 25, 1854.

*Births, Marriages and Deaths in Massachusetts.*—The eleventh report to the Legislature of Massachusetts, relating to the registration of the important matters named above, has just been issued. It comprises the year ending December, 1852. The long time which has elapsed before its publication is accounted for by the amount of labor expended in classifying, arranging and printing the returns. The Report has been prepared under the immediate superintendence of Dr. Nathaniel B. Shurtleff, of this city, by direction of the Secretary of State, and is faithfully done. In the advertisement by the Secretary, we are glad to learn that the returns were more perfect for this report than for either of the preceding ones; and we may well hope that it will soon be as perfect, in its annual issue, as that of the Registrar General of Great Britain. We gather a few items from the Report.

“ The area of Massachusetts in square miles is about 7,800, there being three States, Rhode Island, Connecticut and Delaware, that contain less. By the last census it numbered 830,066 native inhabitants, 160,909 of foreign birth, and 3,539 whose places of nativity are unknown; making in all an aggregate of 994,514, standing as the sixth in extent of population, exceeded only by New York, Pennsylvania, Ohio, Virginia and Tennessee. As to density of population it stands first among the States of the Union, containing 127.49 inhabitants to a square mile of territory.”

“ The whole number of births during the year 1852, was 29,802, an increase of 1,121 over the number of the preceding year. Of these, 17,255, or 57.90 per cent., were of American parentage; 10,991, or 36.88 per cent., were of foreign parentage, and 1,556, or 5.22 per cent., were of unknown parentage. The number of males amounted to 15,246, or 51.16 per cent.; of females, 14,432, or 48.43 per cent.; and the sex of 124, or 0.41 per ct., could not be ascertained.”

“ The whole number of marriages which have been solemnized within this Commonwealth, as far as can be known from the registration returns, amounted, in 1852, to 11,578. Of these, 7,702 are set down in the general abstract as between parties of American birth; 3,767 as between foreigners, and of 109 the places of nativity were not ascertained. Compared with the preceding year, there is a falling off of 388.”

“ In regard to the usual age for contracting marriage in Massachusetts, the most common age for a first marriage of both parties is from 20 to 25 for both sexes. The next period is for males of 20 to 25 to females under 20. The third period is for males of 25 to 30 to females of 20 to

25. Of marriages where both contracting parties were under the age of 20 years, 156 are enumerated. The oldest persons who have entered upon hymenial responsibilities for the first time, during the past year, were two males between the ages of 70 and 75 years, to females upwards of 80 years of age. There were 9,511 marriages of parties for the first time."

"Compared with former years, the last does not appear to have been one of great mortality. The number of deaths returned to the Secretary's office for the year 1852, falls short of that returned during the previous year by 452. In 1849, there were 1,941 more deaths within the Commonwealth, according to the registration of that year, than are exhibited in the general abstract of this year. This may be in part accounted for by the great prevalence of zymotic diseases, especially of cholera, dysentery and scarlatina.

"The whole number of deaths during the year amounted to 18,482; of these, 8,978 were of males, and 9,396 of females; and in 108 instances the sex was not ascertained.

"Of the 18,332 deceased persons whose ages were obtained, the aggregate number of years made 509,260, or an average age of 27.78 years for each individual."

"The period of life in which the mortality was the greatest, has been during the first year of existence, in which 3,750 infants have deceased. The number of deaths which have occurred under the age of 5 years was 6,914, being more than one third of the whole number of deaths of the year. Five centenarians have departed during the past year. Four of these were females; one of whom was a resident in Great Barrington, in Berkshire Co.; another, aged 100 years, 9 months and 27 days, died in Nantucket; the third died in Lexington, in the county of Middlesex, at the advanced age of 104 years and 15 days; and the fourth died in Canton, Norfolk Co., aged about 100 years. The male died in Ashburnham, Worcester County, at the age of 99 years, 11 months and 20 days, if the figures have been read correctly. It will be perceived that a majority of those that died under 5 years of age were males, and of those who lived to the greatest age, were females. This has generally been the case; and on this point the registration abstracts confirm the universally acknowledged rule."

"Consumption is the most destructive to life of all the diseases which are known in Massachusetts. During the time that there has been registration in this Commonwealth, there have been recorded 30,886 deaths by consumption. From the tables for four years, which have been prepared with reference to this disease, many interesting facts may be deduced. During this period, the whole number of deaths have been set down as amounting to 15,270, or about 1 in every 65 of the population, taking the census of 1850 as the guide, and 470 to every 1,000 of the whole number of deaths produced by specific diseases."

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*Boston Lunatic Hospital.*—Dr. Walker's Report, for 1853, gives a clear and lucid account of his labors in the Lunatic Asylum at South Boston. We are certain of one thing, in relation to the Institution under his charge, viz., that it is either too small, or there are too many patients in it. As a vigilant board of visitors, distinguished alike for their intelligence and influence, are entrusted with the charge of it, a hope is expressed that they will be importunate till something is accomplished in behalf of our poor lunatics. On the sixth page they say, very modestly, "they feel compelled to urge upon the City Council, the importance of immediate action." That is, bet-

ter accommodations must be provided. Keep up the importunity, gentlemen; it is justifiable, and the city cannot much longer defer action. From 1840, to the close of 1853, there were placed in this hospital for lunatic paupers, 2270 persons. Dr. Walker's report is interesting, and popular in its character, and therefore will be understood and appreciated by those who happen to be unfamiliar with technical language. The question is agitated, where can we locate a new hospital? and the question is worthy the attention of the medical profession of Boston.

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*Lawrence on the Eye.*—It is no small matter to be considered eminent authority in surgery. Whether it depends on accident or merit, it is not always possible to say, in the life-time of one who has gained such an eminence. We cannot all arrive at the same point of elevation, even if we had equal advantages of instruction with those who reach the highest. We once gazed at Mr. Lawrence in the wards of St. Bartholomew's Hospital, and wondered how he achieved such a reputation. It was labor enough to traverse those long halls, daily, independently of the attention bestowed upon cases as he moved onward. Yet it must have been necessary to observe, reflect, and digest his thoughts. Then, again, in the midst of an immensely profitable private practice, how was it possible to become an author? Yet he accomplished all this, and had, in the mean time, a few spare hours for society and his family. The secret of his success—his skill and wide-spread fame—was incessant industry, which is better than the inheritance of an estate. Character, position and influence, in the surgeon, as in other men, may each and all be developed and firmly established by persevering industry. But to the book, by Mr. Lawrence, on the eye, lately published by Messrs. Blanchard & Lea. This is a new edition, with numerous additions, and edited by that very accurate medical scholar and Journalist, Isaac Hays, M.D., of Philadelphia. There are 948 octavo pages, beautifully printed, and the work is illustrated by 243 engravings. Every oculist, and certainly all surgical operators, in the land, are familiar with the work, and there are few of them who would not be delighted with this greatly improved edition.

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*Elements of Chemistry.*—Messrs. Blanchard & Lea, of Philadelphia, have served the public with a new American edition of Fowne's Theoretical and Practical Chemistry. Robert Bridges, M.D., whose name is familiar in chemical science, has made additions, which enhance the value of the text exceedingly. There is also a good sprinkling of wood illustrations, which are quite necessary, in order to comprehend what this class of learned gentlemen say. A more condensed, and yet full treatise on chemistry, could not very well be given, in any volume. We have once before directed the attention of men of science to this excellent work; and we feel assured a service is done them in referring to the new issue, in its improved condition.

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*Study of Anatomy.*—Complaints every where exist among the Schools of Medicine, that material cannot be had, as the circumstances demand, to teach practical anatomy, principally on account of the indifference or hindrances of those in authority. It should not be so; every facility should be given by public authorities, to advance science, and especially the study of human anatomy, on which all progress and skill in medicine and surgery so much depend.

*Treatise on Injections.*—Dr. Mattson, of this city, is, we learn, publishing a second edition of his book, entitled—"Manual of Directions for the employment of Injections in various diseases, with remarks upon the nature and treatment of Habitual Constipation, preceded by a treatise on the Intestinal Canal," &c. As these books are sold in connection with his improved syringes, it is a gratifying evidence of the success of his enterprise. The book has been highly spoken of by the medical press, as well as by some of our eminent physicians. A more useful little volume could hardly have been written, as it abounds in information which every family is occasionally in want of, and it contains, withal, some important chapters which are addressed more particularly to the medical profession. The book, indeed, supplies a deficiency of long standing.

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*Hydrophobia.*—This distressing affection, which has so long been a matter merely to read about and to dread, at least among us at the North, has of late attracted increased attention. The occurrence of one undoubted case, reported last week in this Journal by Dr. Hayward, and likewise of another more recent and fatal one at the Massachusetts General Hospital, of which we hope to give a more particular account hereafter, have been the chief cause of this interest. Dr. Haskell's remarks in the Journal of to-day are worthy of serious attention. Dr. H. is one of our most rigid and accurate observers, and is well qualified to reason upon and judge of the character of a disease upon which we are all comparatively ignorant. The following brief notice of some experiments at Alfort on rabid animals, may be appropriately inserted here. It is copied from the editorial correspondence of the Charleston Medical Journal and Review, and is part of a letter dated Paris, Sept. 15, 1853.

"In another enclosure were a large number of dogs confined by chains to the walls, and suffering from a variety of diseases; and in four or five compartments were others completely mad, upon which experiments upon hydrophobia were in course of operation. In one or two the disease had been produced artificially by inoculating them with virus from those that had become so in the course of nature. Two were raging and barked ferociously, and without ceasing an instant during the whole time we remained. Their eyes had a peculiarly wild and singular lustre, which appeared to me almost sufficient to characterize the disease. I could not obtain the data respecting the relative time of the inoculation, and the appearance of the malady, with sufficient accuracy to warrant me in giving them here. Sheep, I was informed, became mad in fifteen days after inoculation."

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*Cholera in England.*—The cholera has not extended itself through the cities and towns of Great Britain, as it was expected to do, judging from its course in former visitations. It reached its maximum in London in the first week in November, when the deaths by it were 102. Afterwards they were as follows, weekly—98, 72, 46, 28, 13 and 11. The last number was for the week ending December 17th.

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*Extraordinary Malaria Visitation.*—A few days ago, the race ball, in connection with the Cowbridge Hunt, was celebrated at the Bear Hotel, Cowbridge, and attended by the *élite* of Glamorganshire. Soon after the

ball, about forty ladies and gentlemen who took part in the festival were seized with a frightful fever, similar to the "Croydon malady," produced by the sudden falling in of an old drain that had not been opened twenty years, and which emitted a most overpowering malaria. We regret to add that the Rev. Mr. Traherne, of St. Hilary, and Miss Richards, aged 24, oldest daughter of J. M. Richards, Esq., of Plassnewydd, have been its victims. Several members of the families of Sir G. Tayler, M.P., Mr. Booker, M.P., and Dr. Crane, are lying dangerously ill from the same cause. The servants and other inmates of the hotel have also been attacked by the fever.—*London Lancet*.

*Phthisis*.—M. Trousseau has revived a method of treatment proposed by Dioscorides, viz., *arsenical inhalations*. Cigarettes are prepared of paper which has been moistened by a solution of arsenite of potash and dried. These are smoked once or twice a day for a fortnight. The vapor produces some irritation. M. Trousseau states that this plan diminishes the bronchial catarrh, but has no effect upon the deposit of tubercles.—*Medico-Chir. Review*.

*Medical Miscellany*.—A note from the Superintendent of the Insane Hospital at Concord, N. H., says that the spermatorrhœa rings are very successful there.—A physician at the South, has been fighting a duel; but no harm was done, his bullets being more harmless than his boluses.—In North Carolina, particularly in Raleigh, smallpox, it is said, exists. It has also appeared at Royalton, Vt.—The Journal of Medical Reform, No. 1, has appeared in New York, conducted by Wm. H. Cook, M.D. Alas! for the labor he has before him.—A course of lectures commenced at the Female Medical College, in Boston, last Thursday.—The Mayor of the city of Brooklyn, in his annual message, attributes three fourths of the crime in that city to drunkenness, and invokes the aid of the City Council to close the grog shops on the Sabbath.—Forty-three deaths by smallpox were reported in New York week before last. It is very extensively prevalent in many sections of the United States, at the present time.—An article on Sanitary Retreats for invalids, by Augustus Mitchell, M.D., of Portland, Me., may be found in the Charleston, S. C., Courier.—The number of students in attendance upon the four medical colleges in Philadelphia is between 1300 and 1400, viz., 620 at the Jefferson, about 500 at the University, and about 200 at the other two colleges, the Pennsylvania and the Philadelphia.

TO CORRESPONDENTS.—The following papers have been received:—On the Growth of the Beard; Treatment of Hip Disease; the Generation and Rearing of Bees; Dr. Channing on Hydrophobia; and Dr. King's Strictures on Dr. Comstock's paper "On the Study of Living Anatomy."

DIED.—In this city, on the 7th inst., Thomas William Parsons, M.D., aged 56 years, 8 months.—At Columbia, Cal., Dec. 3d, George A. Field, M.D., 23, late of Grafton, Mass.

*Deaths in Boston* for the week ending Saturday noon, Jan. 21st, 86. Males, 43—females, 43. Accident, 2—inflammation of the bowels, 3—inflammation of the brain, 1—congestion of the brain, 1—consumption, 18—convulsions, 1—croup, 4—cancer, 2—dropsy, 1—dropsy in the head, 3—infantile diseases, 4—puerperal, 2—epilepsy, 1—erysipelas, 1—typhus fever, 2—typhoid fever, 3—scarlet fever, 1—hemorrhage, 1—disease of the heart, 2—hernia, 1—inflammation of the lungs, 9—disease of the liver, 1—marasmus, 1—measles, 7—old age, 3—palsy, 1—spine disease, 1—scrofula, 2—smallpox, 1—teething, 2—thrush, 1—unknown, 1.

Under 5 years, 37—between 5 and 20 years, 6—between 20 and 40 years, 21—between 40 and 60 years, 10—above 60 years, 12. Born in the United States, 65—Ireland, 15—England, 3—British Provinces, 1—Holland, 1—Sweden, 1. The above includes 10 deaths at the City Institutions.



*Franklin County District Medical Society.*—At the annual meeting of the Franklin County District Medical Society, held at Greenfield, January 4th, the following officers were elected :—

James Deane, Greenfield, *President*.

Chenery Puffer, Coleraine, *Vice President*.

L. D. Seymour, Greenfield, *Secretary, Treasurer and Librarian*.

*Counsellors*—S. J. W. Tabor, Shelburne Falls; Stephen Bates, Charle-  
mont; E. Barton, Orange.

*Censors*—N. G. Trow, Sunderland; Lucius Cook, Wendell; C. M. Duncan, Shelburne.

*Delegates to the American Medical Association*—C. S. Knowlton, Ash-  
field; D. Bradford, Montague; E. Stratton, Northfield; S. W. Williams,  
Laone, Winnebago Co., Ill.

*Voted*, That Noah Gilman, of South Deerfield, and William M. Trow,  
of Deerfield, be members of this Society.

After the election of officers, Dr. Trow, of Sunderland, delivered a very  
able and interesting address on the pathology and treatment of Typhoid  
Fever in Franklin County, for the last ten years, at the close of which he  
received a vote of thanks for his address, with a request of a copy of the  
same to be placed on file. After the discussion of a few important topics,  
and one of Field's best dinners, the Society adjourned to meet at Orange,  
the 1st Wednesday in June.

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*Complimentary Dinner to Dr. Marshall Hall.*—During the sojourn of this  
world-renowned physiologist in Charleston, he was entertained by a number  
of his medical friends, at a sumptuous dinner provided by Mr. Mixer, at  
the Charleston Hotel. Prof. Dickson presided, assisted by Prof. Geddings.  
The cloth having been removed, Prof. Dickson, in a few very felicitous re-  
marks, acknowledged the indebtedness of the medical world to Dr. Hall for  
the high value of his contributions to physiological science, and of their  
practical application to pathology and therapeutics; expressed the great  
gratification which the profession of the city experienced in his presence  
among them, and in having made his acquaintance, &c., and concluded by  
offering as a sentiment—"The health of our highly distinguished and  
respected guest, Dr. Marshall Hall." The rapturous applause elicited by  
this sentiment having subsided, Dr. Hall responded in a happy strain, in the  
course of which, he alluded to the satisfaction which he has enjoyed in  
meeting his professional brethren of the United States. We regret that  
we are not able to give an outline of Dr. Hall's remarks, the distance from  
him, at which we sat, and the low pitch of his voice, having prevented us  
from hearing distinctly.—*Charleston Med. Journal*.

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*Tenoraphy.*—Professor Sédillot, of Strasbourg, reports (*Gazette des Hô-  
pitaux*, Nov. 1st) a case of sabre wound of the fore-arm, in which the ex-  
tensor tendons were divided. The wound healed by the first intention,  
leaving the third and little fingers inextensible. Dr. Sédillot, one month  
afterwards, cut down upon the cicatrix and united the divided extremities  
of the extensor communis by a stitch; the extensor proprius was, singu-  
larly enough, wanting. The wound healed kindly, the suture came away  
on the seventh day, the fingers which had been paralyzed resumed their  
functions, and the patient's hand became as strong as ever.—*Virginia Med.  
and Surg. Journal*.









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